MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON

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	DEA	TH		00	74	-

			-	FIGURE	AIE UF	DLAIII				1.49	
	First		Middle		Last		2a. DATE	OF DEATH			2b. HOUR
Type or print) BEI	AHTS		V.	B	AILEY		Jan	nuary	23	, 1958	12:05
X	4. RACE				S. DATE OF	BIRTH		6. AGE (In	years		IF UNDER 24 HRS.
emale	Whi	te			Febru	ary, 3, 1	1886	81	YRS.	NONTHS GAYS	HOURS MIN
			INTRY?		NEVER MA	ARRIED	9. COUNTY				M
				ITUTION (If n	at in haspital					12b. KIND OF INDUSTRY Home	BUSINESS OR
		INITY						STREET AND NU	IMBER		
FATHER'S NAME First	М	iddle	Lost	15	MOTHER'S	MAIDEN NAME	First		Middle		Last
James			Bail	ey		St	ısan			Husfe	elt
WAS DECEASED EVER IN U.S.			OCIAL SECURITY N						Address		
NO. (IT yes	give war ar dariis or se	LAICE		Mr	s. Eli	zabeth	Giffo	rd, Ce	cilto	The second secon	
IB. CAUSE OF DEATH (Ente	er anly one cause	per line for (a), (b), and (c).)							APPROXIA BETWEEN OF	NATE INTERVAL NSFT AND DEATH
Conditions, if any, which grise to immediate cause stating the underlying calest. PART 2. OTHER SIGNIFICANT Severe	DUE TO (0,0), OUE TO (0,0), OU	O, OR AS A CO b) O, OR AS A CO (c) NTRIBUTING TO	NSEQUENCE OF Art NSEQUENCE OF DEATH BUT NO	related to	THE TERMIN	IAL DISEASE OR	condition Gi	VEN IN PART 1(a)	year	
	YES NO CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPST? YES NO CAUSES OF DEATH?										
CAUSE OF DEATH HOUR A.M. Month Day Year						em 18.)					
of work at work					L		_ >	1	16	County	State
22a. t certify that (1) (this haspital) attended the deceased from, 19, ta, 19, that (1) (we) lassaw the deceased alive an, 19, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death.											
WED. STAFF DEGREE PHYS. DIRECTOR DIRECT									4 day	168	
	llace Oh	oenshai	n. M.D.				Md.	21913			
	EMBLE BIRTHPLACE (Stote or foreign http) Mde CITY OR TOWN OF DEATH COLOR TOWN OF DEATH COLOR TOWN OF DEATH COLOR TOWN OF DEATH COLOR TOWN What RESIDENCE (Where de ission) STATE WAS DECEASED EVER IN U.S. WAS DECEASED EVER IN U.S. (As no, or unknown) IB. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAUSE OF THE SIGNIFICANT OF THE	A RACE Whis BIRTHPLACE (State or foreign of the control of the c	A. RACE White BIRTHPLACE (Stote or foreign Intry) Md. U.S.A. ITY OR TOWN OF DEATH COLUMN RESIDENCE (Where deceased lived, if institution; Resission) STATE Md. WAS DECEASED EVER IN U.S. ARMED FORCES? (As no, or unknown) ICH yes give wor or dates of service) IB. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CO Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEVERE CONDITION FOR WHICH OPE CONTRIBUTING CAUSE OF ORATH (In INJURY OCCURRED) 190. DATE OF OPERATION 191. CAUSE OF INJURY (AT HOM While OR While OFFICE of While OFFICE OF STATE) 21d. INJURY OCCURRED While Not while Office and the deceased alive an causes stated abave, (1) (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S	## A. RACE White BIRTHPLACE (Stote or foreign Intry) Md. U.S.A. LITY OR TOWN OF DEATH ecilton. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md. LOST FATHER'S NAME First Middle Lost James WAS DECEASE EVER IN U.S. ARMED FORCES? (As no, or unknown) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CO	A RACE White BIRTHPLACE (State or foreign ITY) Md. U.S.A. UI. NAME OF HOSPITAL OR INSTITUTION (If no give street address) USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Md. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ission) STATE Middle Lost James Bailey ISS Bailey IMMEDIATE CAUSE (b) PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEVERE CETEBRAL ALL OF INJURY HOUR A.M. Month Day Year 190. DATE OF OPERATION 190. DATE OF OPERATION 191. IMMEDIATE CAUSE OF ORTH HOUR A.M. Month Day Year 192. IMJURY OCCURRED While Not while 210. NAT While 310. CITY OR 191. CONTRIBUTING TO DEATH BUT NOT RELATED TO SEVERE CETEBRAL ALL OF INJURY HOUR A.M. Month Day Year HOUR A.M. Month Day Year 191. INJURY OCCURRED While Not while 210. NAT While 310. CITY OR 191. CONTRIBUTING TO DEATH BUT NOT RELATED TO SEVERE CETEBRAL ALL OF INJURY HOUR A.M. Month Day Year 192. THE OF INJURY AND HOUR A.M. Month Day Year 193. CITY OR 216. LICE 220. I CETIFY that (1) (this haspital) attended the deceased from SOW the deceased alive an COUSES Stated above, (1) (we) (did) (did nat) view the bady after of the couse of the cous	A. RACE White BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? Whow or Town of DEATH CITY OR TOWN CITY O	BIRTHPLACE (State or foreign of the control of the	S. DATE OF BIRTH February, 3, 1886	S. DATE OF BIRTH February, 3, 1886 S. DATE OF BIRTH S. DATE OF BIRT S. DATE OF BIRT S. DATE OF BIRT S. DATE OF BIRT S.	S. DATE OF BIRTH S. DATE OF	S. DATE OF BIRTH PODTURERY, 3, 1886 White White Whote Whote Technury, 3, 1886 BRAFE [in years and a work of any winds of a work of any winds of a work of a wor

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag shauld be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death.

Page 4 may be retained by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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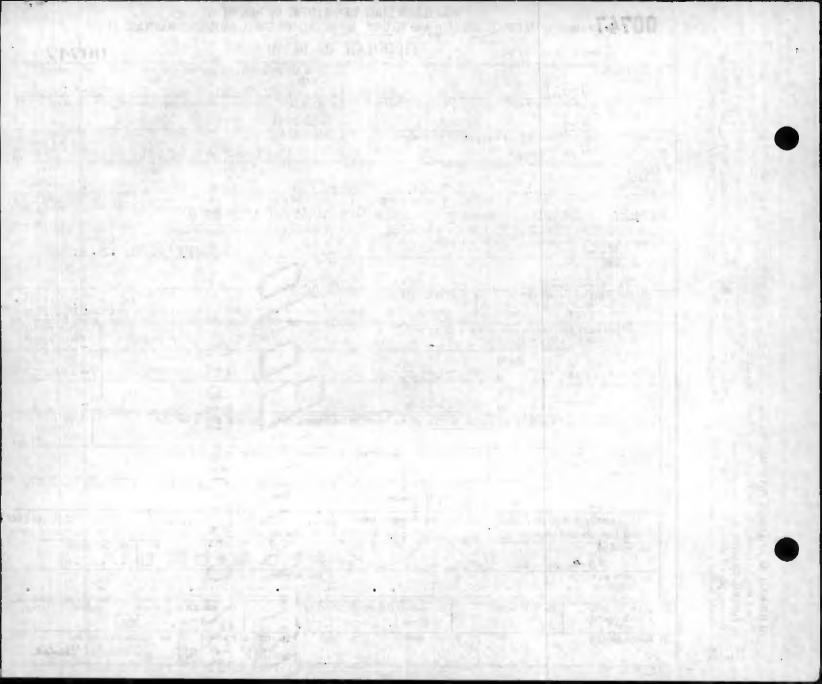
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1)		ECEASED-NAME First	•	Middle	Last		20. DATE OF				2b. HOUR
	1	'ype or print)	William	T.	BECK	ER		Manth D	29 8	18	
	3. 5	X	4. RACE		S. DATE (OF BIRTH		6. AGE (In years	IF UNDER I	11.14	UNDER 24 HR
		Male	WHITE		1	0-13-05		last birthday)		DAYS HO	DURS MI
	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	UNTRY? B.	MARRIED NEVER	MARRIED	9. COUNTY OF	DEATH			
	(00)	ntry)	U.S.A.			IVORCED 🗍		Cecil Co	ounty		
23	10.	Perry Point	11. NAME OF give street of	HOSPITAL OR INSTIT	UTION (If not in hospi Ltal			(Kind of work done life, even if retired.		IND OF BUS	INESS OR
30		USUAL RESIDENCE (Where decedission) STATE Maryland	sed lived, if institution: Re 13b. COUNTY	esidence befare	Baltimor	e YES N	IMITS? 13e. ST	reet and number 2327 McE:	lderry	st.	
4	14	FATHER'S NAME First	Middle M.	BECKER	_	S MAIDEN NAME I		BUMBE		l	Lost
	160	WAS DECEASED EVER IN U.S. AR es, na, ar unknawn) (11 yes give	MED FORCES? 16b. S	OCIAL SECURITY NO.	17. INFORMAN	1		Address			
	Ľ	Yes WW	II 22	20-07-82-	41 VA Ho	spital F	ecords	- Perry	Point,	Mar	ylan
		1B. CAUSE OF DEATH (Enter of	nly one couse per line for	(a), (b), and (c).)						APPROXIMATE TWEEN ONSET	
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Bro	nchopne	imonia, a	spirati	on type	9			
		433.9	DUE TO, OR AS A CO								
		Canditians, if any, which gave) Con		nfarction	(CVA)	610		4	year	re
		rise ta immediate cause (a),	DUE TO DO AT A S		1161 0 0101	(0)11/	OIU			y cas	. 0
		stating the underlying cause last.			rterioscl	erosis.	sever	2		year	rs
	NOI	PART 2. OTHER SIGNIFICANT CO	177				area -			5000	
		PART Z. OTHER SIGNIFICANT CO	MUITONS CONTRIBUTING I	O DEATH BUT NOT	KCLATED TO THE TERM	NINAL DISEASE OK	CONDITION GIVE	IN PAKE I(Q)			
		19g. DATE OF OPERATION 19b	CONDITION FOR WHICH OP	CDATION WAS DEDES	DHED IO	AUTOPSY?	I and Ir	YES, WERE FINDINGS	CONCIDENCE	IN CERTIF	EVINC
1	CERTIFICATION				YES	KK NO	CAUSES	OF DEATH?		I IN CERTIF	TING
	MEDICAL CO	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	HOUR A.M. Mor iner) P.M.	nth Day Year 19		OCCURRED (Ente	r nature af injul	y in Part 1 or Part 2	I, Item IB.)		
	W	at wark at wark	PLACE OF INJURY (AT HON OFFICE			Street ar R.F.D. Na	,	ar Tawn	County		State
	Н	22a. I certify that XIX (1)	nis hospitol) attended	the deceased	from 11	25 669	, to	29 68 , 1	9	that (tt)	(ASA)X
		xosoxthextrosoxida	e, (I) (we) (did) (did r	ont) view the ho	, ond that in	(ant) (ant) ab	inion deoth (occurred on the	date and h	nour and	from
		22b. SIGNATURE	e, (i) (we) (ala) (ala i	idi) view ilie bo	dy Offer Death.			22	c. DATE SIGN	ED	
		A 1	Ma-	0. 700	T DECREE ATTE		MED.	STAFF PHYS.	1-30		
1		22d. PHYSICIAN'S	- 111000	ey. M.	DEGREE PHY	ADDRESS	IKELIUK -	NHA?	エーノい	-00	
1	L		L. MOONEY,	M.D.	116.		pital -	Perry Po	oint,	Mary	land
	23g	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CEN	NETERY OR CREMATO	RY ~	23d. LOCATIO	N (City or Town)	(County	(5	State)
Ó		SURIAL 2	-9-68	Baltin	nore Natio	onal CEM	B	altimore,	Mary	land	
the	24.	FUNERAL DIRECTOR			fferson S	2Sa. REC'D E	BY REGISTRAR	25b. REGISTRAI	R'S SIGNATUR	RE	
68		JOHN A. MILLER	RINERAT. HON				8 1	1968	iones	Jus	Je.
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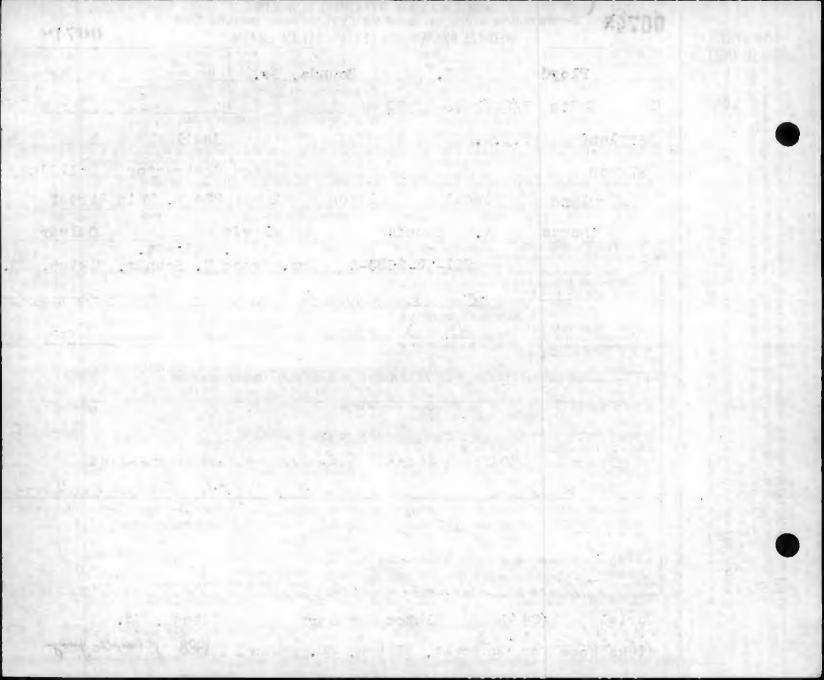
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Peges 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,200 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Items 8 & 9 Fil	m G398 2/LERUFICATE	OF DEATH	00'74'7						
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)						
o. COUNTY Cecil	MARYLAND	o. state Maryland b. County	Cecil						
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL							
write RURAL and give nearest town) Elkton	111111111111111111111111111111111111111	Elkton							
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
232 East High Street		232 East High Street	ON A FARM?						
3. NAME OF First	Middle	Last 4. DATE Month	Doy Year						
DECEASED		OF Townson	19 19 68						
(Type or print) Mary S. SEX 6. COLOR OR RACE 7.			FUNDER 1 YEAR IF UNDER 24 HRS.						
77 7 - N			lanths Days Hours Min.						
			10 61717711 05 1411147						
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?						
during mest of working life, even if retired)		Elkton Cecil Maryland	U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Josh Thomas		Martha							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af sen	16. SOCIAL SECURITY NO. 17.	INFORMANT 2 MGess Liktor A. Bessicks Elktor	East High St.						
(165, 110, of directionally fits yes give war of dates at ser	none Wi-	Lliam A. Bessicks Elkto	on, Maryland						
1B. CAUSE OF DEATH (Enter only one couse po	er line for (o), (b), and (c).)		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	Cardiac Failure		5-Days						
5 8 3 X DUE TO									
Conditions, if any, which gave) (b)	Hypertension		7-Years						
rise to immediate cause (a), (etation the underlying cause > DUL IU								
lost. (d)									
PART II OTHER SIGNIFICANT CONDITIONS CONTR		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	7-Years						
Se 593 x	DOTATE TO DEATH	the tellimine plants constitution of the movement (10)	PERFORMED? YES NO						
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF AMINED	TOOL DESCRIPT HOW INTERV OCCUPAND	(Enter noture of injury in Part I ar Part II af item IB.)	ID UN A						
OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(chief hotore of injury in rain I at rain II at item 16.)							
I UI CITTLE, MOTH I MILDICAL EXAMINES	Lead manual occupants	es of white (Lee)	/f						
20c. TIME OF INJURY Manth, Day, Year Hour e.m.		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	(County) (State)						
p.m. 17	et werk - et werk -								
21. I certify that (I) (This hospita	i) attended the deceased fram_		_, 19 <u>68,</u> that (I) (we) la						
saw the deceased alive an 1/	19.68, and tha	it death accurred at 4:30M, fram causes and							
220. SIGNATURE	1	ATTENDING MED STAFF	22b. DATE SIGNED						
somes has	M.D. PHYS. L. DIRECTOR L. PHYS. L. 1/19/00								
22c. PHYSICIAN'S James I	Johnson M.D.	245 E. High St., Elkto	on Cecil Md.						
23g. BURIAL, CREMATION, 23b. DATE THEREO									
REMOVAL (Specify) 1/22/68	Providence		yland						
24. EUNERAL DIRECTOR	ADDRESS	25 (25)	TRAR'S SIGNATURE						
17-MIN 1200	909 Poplar	St. DATE JAN 2 5 1968	limiter Judge						



MARYLAND STATE DEPARTMENT OF HEALTH 00748 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00748 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. DECEASED-NAME First 2a, DATE KNOWN Month 26 HOUR (Type or Print) OF ESTI-Page Flovd 0 Bounds DEATH MATED 1017 M iny delay 4. RACE 6. AGE (In years 3 SFX IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 5. DATE OF BIRTH Doy 25 M 2/29 79 YRS Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9. COUNTY OF DEATH (country) aryland U.S.A. DIVORCED [forwarded to the Chief Medical Examiner's Office along with for Cecil State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if setired.) land 2 with the Building Elkton Contractor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTE ecil in Item 18. Elkton 234 W. Main Street haurs ofter 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME Olivia Thomas A. Bounds Culver pages hours 234 W. Mainabat. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) 221-03-2683-A Mrs. Grace S. Bounds. Elkton permit. File 2 within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Arter Thrembesi Few minutar Corenzer IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove Years rise to immediate couse (o). certificate shauld necessary, please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O GIS ar remayal, 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES -NO A pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) FUNERAL DIRECTOR: Page 3 should 4 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. 10 EXAMINER: cremation, CAUSE OF DEATH 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County State foctory, office building, etc.) WHILE AT WORK AT WORK 2797 JAK Vic Elkton Page 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection Z Inquiry and in my opinion the funeral director. Notural couses Accident Suicide Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 1-20-68 DEPUTY MEDICAL EXAMINER 5 moy O FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) 123 5 h god, Avo. Elifting NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Elkton Cemeterv Buria. Elkton Md. 2So. REC'D BY REGISTRAR 24 FUNERAL PIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) DATE AN 2 Funerals, Elkton, Md. 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

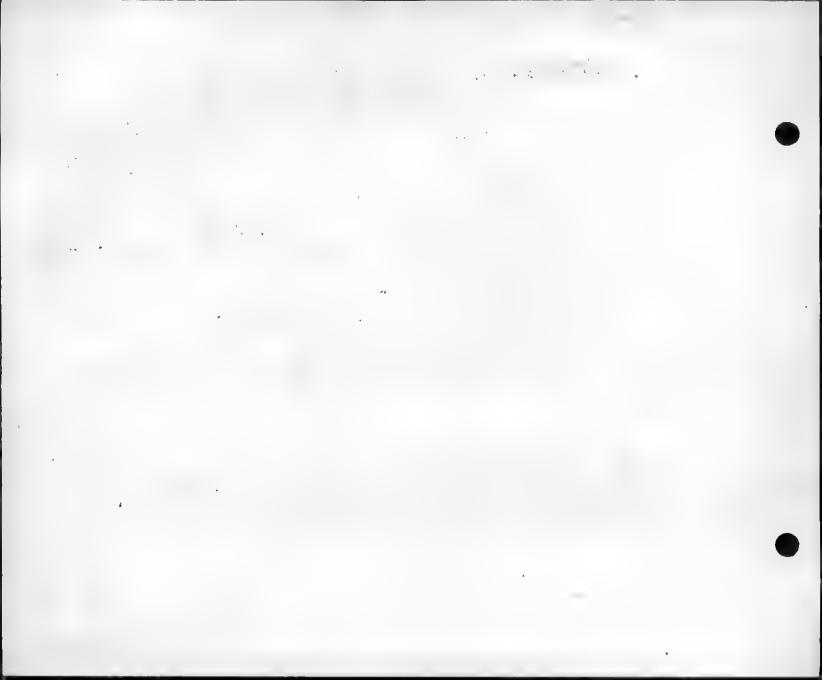
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							Keg. Dist.	, NO.	
1, PLACE OF DEATH a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (W	here deceosed	lived. If institution b. COUNTY	Ceci.	_	mission)
b. CITY OR TOWN RURAL ond give I	0 2	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpord		JRAL and giv	ve neorest l	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS				O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ag	st gnes	Middle L .	Briscoe	4. DATE OF DEATH	Moni J 8	an.	Day 28	Year 19 68
s. sex Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	March 3,188	37	AGE (In years lost birthday)		YEAR IF UI	NDER 24 HRS. Drs Min.
100. USUAL OCCUPATE during most of wo Houses	rking life, even if refired	dane 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole Maryla		intry)	12. CITIZ	U.S.	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		100		
Jo	ohn R. Hol	lin	gsworth	Laura	S. H	ooper			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dales of se ATH [Enter only one co	ervice)	63-07-1774 V	informant iola M. Lan	bert-	Adde		•	
Conditions, if gove rise to couse (a), stoting lying cause last	the under-)	Messive Coro	otic Heart	Disea				hour
200, ACCIDENT WORK CONTRIBUTING	7.	te.	CONTRIBUTING TO DEATH BUT				EN IN PARI	PE	AS AUTOPSY REFORMED?
20c. TIME OF INJU Haur a. m. p. m.		20d. I While at wor	Not while fo	ACE OF INJURY (Home, farr actory, street, office bldg., ele		or fown)	{Co	unty)	(Stote)
alive an 28	hat I attended the Jan 68 Willace	deceas , 19	sed fram k July and that death	, 19.67, to 2 h accurred at 6: (10, facini ti		d an the	date sta	
PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATI	Wallace		e shain, M.D.		22d. LOCATIO	n Md ON (City, tawn, a	r caunty)	(State)
Burial	" Feb.3.1	968	Dale Cemet		Mide	letown	, Md		
23. FUNERAL DIRECTO		11	ADDRESS		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN		100
(Ichi	MIDEL	4	200 Poplar S	+ DATE	FB 5	1968	Miles	Cay you	100

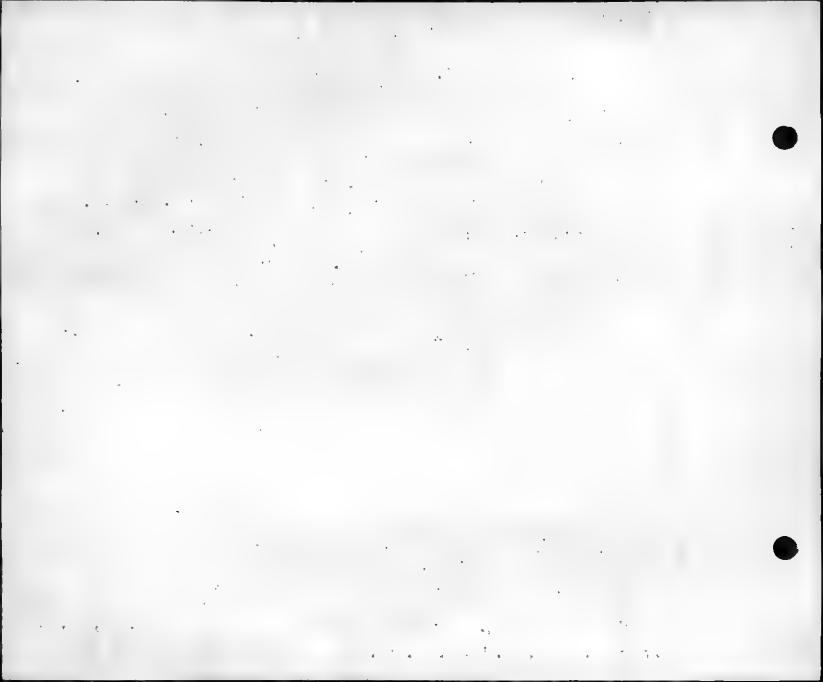
NDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho TO HOSPITAL O ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 P May be retained to the property of the control of the co

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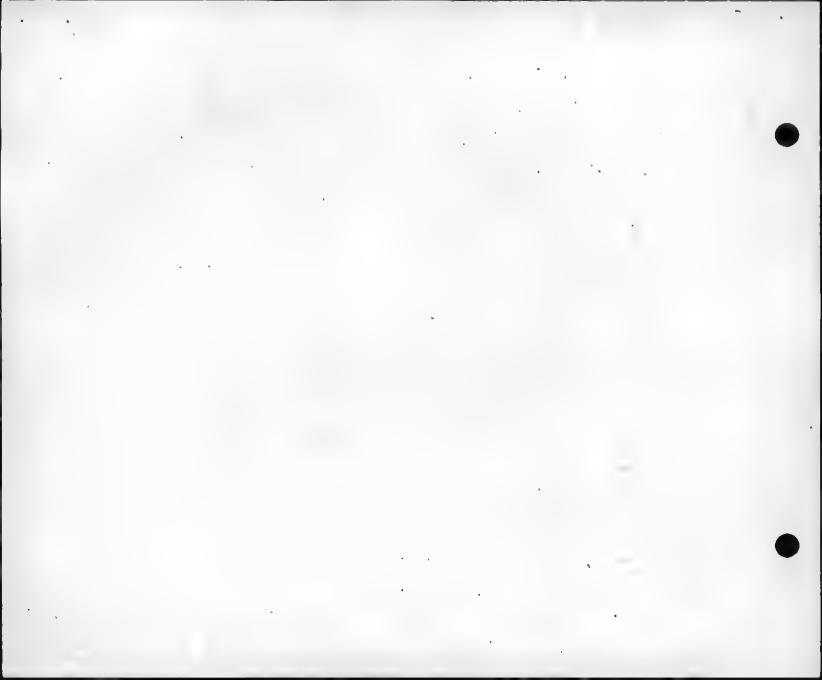
R I	MARYLAND STATE DEPARTMENT OF HEALTH 00750 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00'750
HEALTH DEPT.	I. DECEASED NAME Fish Middle Lost 20. DATE KNOWN Month D	Doy Year 2b HO R
and of the state o		4 1963 7.3.M
ny deley 1, 2, and 3 m PM3 Pa	3. SEX A RACE S. DATE OF BIRTH 6 AGE (n years F UNDER 1 YEAR F UNDER 24 HRS 20 DATE PRONOUNCED DEAD Loss program) Months DAYS HOURS MIN Month DOX	Year 1968 2d. HOUR.
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after 8 Gr along with with	130 SUAL RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN odmission) STATE 13b COUNTY 13c STREET AND NUMBER 2912 W. No	irth Ave.
577	14 FATHERS NAME Herry Middle Bumpers IS MOTHER'S MAIDEN NAME First Middle Middle	Gray
rhin notif mine page	160. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. as unknown) (Hyes g ve way or soles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT MVS. Clidy Mae Blackwe	og KidgeHIII.
nould be execute word "pending the Chief Medical rial-transit permit.	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	PARAMISTANIA ELAMIZERAL BETWEEN PARAMISTANIA DIPATH
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CAMIII te the four f age 3 cremo	e feetan office building stell	Sounty State
Execution of the control of the cont	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Notural couses, Accident, Suicide, Hamicide Undetermined manner	
DEPUTY SICAL EXCESSARY, please executive function for property please execution from may be retained for young be retained for your function prior to buried,	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNATURE	
TO DEPUTY The funers S may be TO FUNERA Health pr	The Manager Ma	Fon, Md.
nece he 5 m 70 Fu	23d BURIAL (REMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City of Town) (Company) 23d LOCATION (City of Town) (C	County) (State)
VR A15ME (5) 10M REV 1/68	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR SIGNAL BALFAIN 16 1968 FOLLOWING	



MARYLAND STATE DEPARTMENT OF HEALTH 06751 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00751 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20 DATE OF DEATH First 2b HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) В. ButleR IF JINDER " YEAR 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years last birthday) MONTHS DAYS tely filled in by the that the ban papers Pages within 72 hours at 2-5- 1884 female white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Germany WIDOWED 50 DIVORCED [7] Gecil USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) 200 Calvert Domestic 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. UKSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY 151 S. Queen St. NO 3 Rising Sun IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Martin Breitenbach Christine Stahlmann 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Mrs. Helen Oram (Same) cremation, or removal, 220-46-1800 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pentusive Contictosale decentil 4-10, U DUE TO, OR AS A CONSEQUENCE OF Appenia schools Adminal Conditions, if any which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? mi. NO Z YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBLE NG CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. 1 certify that (1) (this haspital) attended the deceased fram 2 3 , 1967, to 1 , 1968, that (1) (we) last saw the deceased alive an 2 1965, and that in (my) (aur) apinion death accurred an the date and haur and fram the O FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 27d. PHYSICIAN'S 22e ADDRESS NAME (Type) C. H. director, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) Parkwood Cemetery Baltimore, Md. 1/20/68. 24 FUNERAL DIRECTOR VR AVE 4 Leonard J. Ruc k, Inc. Balto. Md. 21214 30M REW 1/68



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N A	00752 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1,1)
Representate (MEDICAL EXAMINER'S CERTIFICATE OF DEATH	176
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day	Yeor 2b HOUR
af de to	(Type or Print) NORMAN L. CIAYTON OF ESTI- DEATH MATED 100	194. 5 PM
3. Page 3. Page ment af	3 SEX 4. RACE S. DATE OF BIRTH / 6 AGE (n years if UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
PM3.	Male White 12/28/1941 26 YRS MONTHS DAYS HOURS MIN Month Day Ye	1968 8,357M
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XAMINER: ite the cert ge 4 should your files. age 3 shau crematian.	waves	
	AT WORK LA Rt 222. Vis. Part Debisit 18722 Vic Part Debisit	
CCAL Execution. Page of far CTOR: Foundation.	220. I certify that I taak charge of the remains described above, held an Autopsy I Inspection Inquiry of	and in my opinion
ITY DIC. ry, please eral director be retained RAL DIRECT priar to bu	death resulted from: Notural causes , Accident . Suicide , Hamicide , Undetermined manner	
please directs directs retaine	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
Ty ple y, ple eral di sal Di priar	SIGNATURE ASSISTANT MEDICAL EXAMINER 1220 DATE SIGNED	
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■ 3 a E ヹ 2	NAME (Type) ///man D Johnson Mr. 1) ADDRESS(Street, city, town or county) Elkton,	Md.
5 5 5 5 7 E	230 BURIAL (REMATION) 230 DATE 231 NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County	y) (Store)
	Sentoral 1/23/1968 Lake Wales Cemetery Polic Country	PLIKIDA
VR A15ME (5)	24 EUNERAL DIRECTOR ADDRESS 250 RECORD REGISTRAD 250 REGISTRAD 1250 REGISTRAD 125	By Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICA	TE (OF DE	ATH

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	CEASED NAME	First	Middle		Lost	20	DATE OF DEATH	_		2b HOU	Am										
(1)	/pe or print)	IRVIN	W.		CLEM		hfnoM.	^{Doy} 31	Yeor 68	6:4	5M										
3. SE)	(4. RACE			S. DATE OF BIRTH		6. AGE (In years		R † YEAR	F UNDER 24 H	_										
	Male		White		5-3	-29	l lost birthday)	RS. MONTHS	GAYS	HOURS A	.004.										
7a. Bl	IRTHPLACE (State or for	eign 7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIE		NTY OF DEATH		1		_										
Be	timore		USA	WIDOWED			Cecil				Md										
10 CF	TY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR IN	STITUTION (If n	ot in hospital		PATION (Kind of work do			USINESS OR											
P€	erry Point	,	veterans Ac	lminis	tration	during most of v	orking life, even if retire	d) Reil	ustry 1ger	ation											
13o l	USUAL RESIDENCE (When	e deceosed lived, if	nstitution. Residence before	13c CITY OR	TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET AND NUMBER				_										
00mts	sion) STATE Mary	land 13b. COL	NIY V	Balti	more Y	ESTE NO	3413 Flann	ery I	ane												
14 F/	ATHER'S NAME Firs	f Mi	ddle Lost	15	. MOTHER'S MAIDI	N NAME First	Middle)		Lost											
ŀ	Harry		I. Clem			Ethe.	C.		A	mos											
16a.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. I	NFORMANT		Addres	2													
	s, no, or unknown) (If yes give war or dates of ser	214-24-25	516 VA	Hospit.	al Recor	ds. Perry	Point	, Md												
\neg	18. CAUSE OF DEATH	(Enter only one couse	per line for (a), (b), and (c)						APPROXIMA	TE INTERVAL ET ANO DEATH											
	PART I. DEATH WAS CAUSED BY Multiple Pulmonary Infarcts																				
- 1	~qi.). OR AS A CONSEQUENCE OF																		
	Conditions, if any, whi	th gove)	Massive		arv embo	lism			1 ho	1170											
	rise to immediate cou stating the underlying), OR AS A CONSEQUENCE OF		-4.J QHID (1400			<u> </u>	-											
	lost	touse	Thrombo	phlebi	tis, rig	ht leg v	ein														
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)																				
_		-																			
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY	?	20b IF YES, WERE FINDIN	GS CONSIDER	ED IN CER	TIFYING											
Ħ					YES 🔀	NO 🔲	CAUSES OF DEATH?														
	210. ACCIDENT WAS U	E B	IME OF INJURY		W INJURY OCCUR	RED (Enter noture	of injury in Port 1 or Port	1 2, Item 18)		_										
	OR CONTRIBUTING (If either, notify medical		A.M. Month Doy Yeor P.M. 1																		
	21d. INJURY OCCURRED				CATION Street o	r DED. No.	Coho an Tarre	F	lty	Stote	_										
3 III	TIO THUNK! OCCURRED	ZIN TENCE OF IN	OFFICE BUILDING FTC	1	CATION SHEET O	I R.I. IZ. 110.	City or Town	Coun													
	While Not while] CZA	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	/	CKIION JIICCI O	I K.I.D. Ho.	City of Town	toun			220. I certify that (1) (this xpaspital) suttended the deceased from June 29 , 1967, to 1/31/ , 1968 , that XII (XXX) Xast										
	While Not while at work of work 220. I certify that	(i) Othisxhasoita	Exittended the deceos	ed from J	une 29		to1/31/	1968													
	While Not while at work of work of work 220. I certify that	// (this xhaspital	Entrended the deceos	ed from J. MXXX, and	une 29		to1/31/	1968													
	While Not while 220. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	// (this xhaspital	Exittended the deceos	ed from J. MXXX, and	une 29		to1/31/, leath accurred on the	19 <u>68</u> e date and	haur a												
	While Not while at work of work of work 220. I certify that	// (this xhaspital	chid) (MCC) view the	ed from_J XXX, and body ofter	une 29 I that in (my)k leath.	, 19 67, (our) opinian c	to 1/31/, leath accurred on the	19 <u>68</u> e date and	haur a												
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	While Not while 220. I certify that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(h) (his xhaspital aced xhive xabx x d above, Lix (we)	Contended the deceos	ed from_J XXX, and body ofter	that in (my) death. ATTENDING PHYS. 22e. ADDRES	, 19 <u>67</u> , (our) opinian o	to 1/31/ leath accurred on the	19 <u>68</u> e date and 22c. DATE SI 1-31	haur a												
	While Not while at work 220. I certify that YOU'S NOT SOURCE 22b. SIGNATURE 22d PHYSICIAN'S NAME (Type)	MACL. MOC	Contended the deceose (did) (MADON) view the	ed from J MXXX, and body ofter i	the 29 that in toyk leath. EE ATTENDING PHYS. 22e. ADDRES VA H	, 19 6'7 , (our) opinian o	to 1/31/, leath accurred on the PHYS. EX	19 <u>68</u> e date and 22c. DATE SII 1-31	d haur a GNED -68	nd from											
230.	While Not while at work 220. I certify that SAME NOTE COUSES STATE COU	(f) (this traspital above, XIX (we) A. L. MOC	(did) (MOCON) view the	ed from J MXXX, and body ofter o	that in (mxk) leath. EE PHYS. 22e. ADDRES VA H CREMATORY	MED DIRECTOL S OSPITAL,	to 1/31/ leath accurred on the PHYS. EX Perry Point LOCATION (City or Town)	19 <u>68</u> e date and 22c. DATE SI 1-31	d haur a GNED -68	(Stote)											
230.	While Not while at work 220. I certify that YOU'S NOT SOURCE 22b. SIGNATURE 22d PHYSICIAN'S NAME (Type)	MACL. MOC	(did) (MOCON) view the	ed from J MXXX, and body ofter of CEMETERY OR	that in toxk leath. ATTENDING PHYS. 22e. ADDRES VA H CREMATORY Com.	MED DIRECTOR S OSPITAL, 236 B.	to 1/31/, leath accurred on the PHYS. EX	19 <u>68</u> e date and 22c. DATE SI 1-31. t, Md.	gned -68	nd from											

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72450 Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV, 1/68



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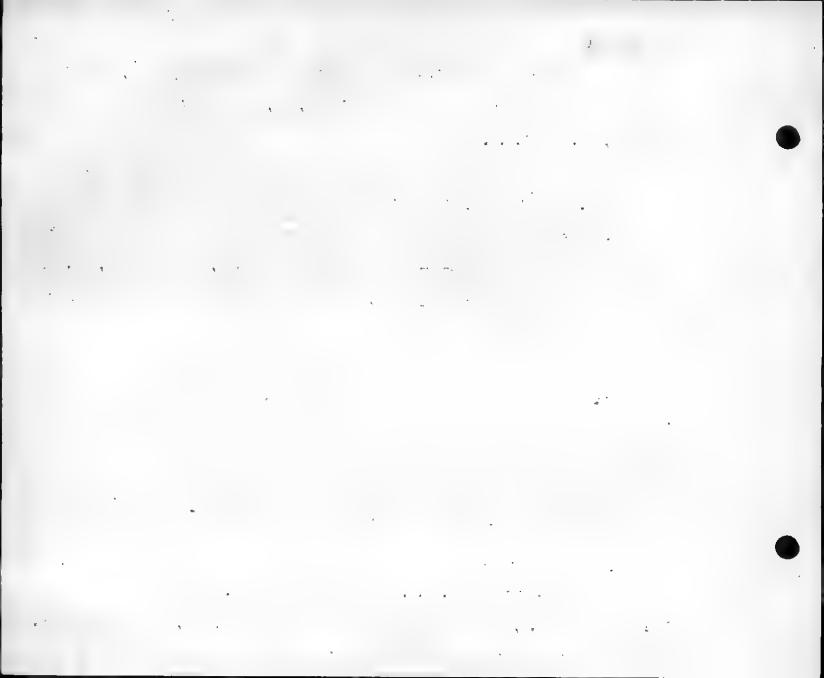
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haupenge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled up director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Should be filed with the State Dept. of Health prior to burial, cremation, ar removol, and in any event, within 22-h

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1		06754		CERTI	FICATE OF DEATH		00.594					
1		CEASEO-NAME	First	Middle	Lost	2a. DATE OF OEATH	2b. HOUR					
1	{Ty	ype or print)	WILLIAM	EDGAR	COATES	January Month I	1968 4 P M					
	3. SEX	X	4 RACE		S. DATE OF BIRTH	6. AGE (in years	F UNDER 1 YEAR OF UNDER 24 HRS					
	Ma	le	Negro		March, 24,19	912 55 YRS	MONTHS DAYS HOURS MIN					
	7a. B	IRTHPLACE (State or farei	gn 7b. CITIZEN OF WHAT	COUNTRY? 8 MARE	NEVER MARRIEO	9. COUNTY OF DEATH						
1	Ce	cilton, Md.	U.S.A.	WIDO	VED 🔀 OIVORCED 🗌	Cecil	Md					
,	10. C	ITY OR TOWN OF OEATH	11 MAIA	E OF HOSPITAL OR INSTITUTION pet address)	(If not in hospital 12a USUA during mo	L OCCUPATION (Kind of work done ist of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY					
	120	Elkton	deceased lived, if institution	Union Ho	Spital Labor		Farm					
1	admis	ssign) STATE Md.	13h COUNTY		lton YES NO	- I tool britter rints (tolliget)						
,	14. F	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAME FI	irst Middle	Last					
П		Willia	m	Brooks	Erma		Coates					
	16a.	WAS DECEASED EVER IN U	(expense in setals or some avin sen		17. INFORMANT	Uncle Address						
		es, na, ar unknawn) (11 No		216-16-5792	Robert Oscar Co	cates, Cecili	on, Md.21913					
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)											
1	- 1	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinoma of Liver DUE TO, OR AS A CONSEQUENCE OF										
	-1											
1		Canditions, if any, which										
ı		rise to immediate cause (a). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
1		last. 1561 (c)										
ŀ		PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)						
	₹				ufficiency.							
J.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	CONSIDERED IN CERTIFYING					
	E	21a, ACCIDENT WAS UND	DERLYING 215 TIME OF II	umpy 12		nature of injury in Part 1 or Part 2,	Itom 10)					
	3	OR CONTRIBUTING CAJS	E OF DEATH HOUR A.M.	Manth Day Year	C HOW HOOK! OCCORNED (CHIEF	nature at injury in Pair 1 of Pair 2,	Hells 10)					
1		21d. INJURY OCCURRED		HOME, FARM, STREET, FACTORY,) 2	f. LOCATION Street or R.F.D. No.	City or Town	Caunty State					
	١	While Not while at work	(0)	TREE BUILDING, ETC.								
		22a 1 certify that/	(I))(this hospital) atten-	ded the deceased from	NOV 1 , 19 6	19 to 1 Jan 19	68, that (I) (we) last					
		sow the deceo causes stated	sed olive on did (d	id nat) view the body of	ond that in (my) (our) opin ter death.	nion deoth occurred on the do	ite and hour ond from the					
	Ì	22b. SIGNATURE	.0 1		ATTENDING M		DATE SIGNED					
		Wolla	ee Obentho	w		ED. STAFF RECTOR PHYS.	4 Jan 68					
		22d PHYSICIAN'S NAME (Type)			22e ADDRESS							
		Wante (type) Wa	llace Obensh		Cecilton,							
	23a	BURIAL, CREMATION,	23b, DATE	23c NAME OF CEMETERY		23d LOCATION (City or Town)	(Caunty) (State)					
		REMOVAL (Specify)	Jan.6, 1968	Cecilton		Cecilton,	Cecil Md.					
١,		funeral director dward Fello	2 Con	ADDRESS Millingtor	2Sa. REC'D B							
	L	mata tatto	MP COUNT	MITTITUGEOR	Male DATE IA	I A 19RA POLLE	exten Judge.					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06755 00755 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR A (Type or print) Elizabeth Treasa Jan. 5 DATE OF BIRTH 4. RACE 6 AGE (In years IF UNDER I YEAR 3 SEX last birthday) 12-15-1883 White Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [Cecil Co. Maryland Penna. within 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR within. give street address) Nottingham during most of working life, even il-retired)
HOUSEWITE REU. please remave carban Home Pa.R.F.D. Own Nottingham Pa R.D physician and campletely 13e. STREET AND NUMBER 130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? requires that the death mrtificate be executed admission) STATE Nottingham Pa. R.F.D. Nottingham and in any 14. FATHER'S NAME M.ddle Last IS. MOTHER'S MAIDEN NAME First Charles Reger Anna Tress 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes pa or unknown) Mrs. Nottingham Dorothy McCord 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ORSET AND DEATH IMMEDIATE CAUSE Canditians, if any, which gove) **burial-transit** nse to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 'O FUNERAL DIRECTOR: After this certificate has been 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO 🔽 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED 21e, PLACE OF INJURY City or Town County While Not while of wark 220. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on the and that in (my) (our) opinion death occurred on the date and hour and from the 19 /2 couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 224 DATE SIGNED STAFF PHYS. DIRECTOR PHYS 22d PHYSICIAN'S 22e ABDRESS NAME (Type) directar, should 23d. LOCATION (City or Town) (Stote) 23b. DATE NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION, REMOVAL (Specify) Havertown Del Denis

Rising Sun

2Sa. REC'D BY REGISTRAR

DATEJAN

VR A15 [4] 30M REV, 1/68



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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay Page 4 may be retained by the hacaital or attending objection	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages should be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within?
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AL OR ATTENDING PHYSICIAN: The law requires that we retained by the basaital or attending obstairing	A DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. The filed with the State Dept. of Health priar to burial, crematian, ar remo
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	PLACE OF DEATH						DENCE (WI	here deceased live		Residence before	odmission)
	o. COUNTY Ce	cil		MAR	YLAND	o. STATE Maryland b. COUNTY Cecil					
	b. CITY OR TOWN (If outs	LENGTH OF STAY					s, write RURAL	ond give nearest I	own)		
	write RUPAL and give	neorest lown)		57 Yea	re I	ural,	Elk	ton			
	d. NAME OF HOSPITAL OR		rospitol, give		10	d. STREET ADD	RESS				IS RESIDENCE
Ur	nion Hosni	tal Cf Ce	cil C	ounty		R.F.D.	# 3	, Box 3	16	YE	ON A FARM? NO [2]
	NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Month	Doy	Year
	(Type or print)	Clarence	9	R	Co	X		DEATH	1	3	19 68
	_		MARRIED	NEVER MARRIE	D 8	DATE OF BIRTH	H	9. AGE		Onths Doys	Hours Min
3.1	ile Ne	gro w	IDOWED 🔼	DIVORCE	D 🔲 Ö	/10/18	97	1031	70 . "	Dol's	TIO DIS PARILI
	USUAL OCCUPATION (Give ing most of working life, ev		10b. KIND INDUS	OF BUSINESS OR			4	State or foreign co	untryj	12 CITIZEN OF V COUNTRY?	
uui	ing must ut working me, ev	en ii terited)	INDUS	IKI		Virg	ginia	3.		Consider	$S_{\bullet}A_{\bullet}$
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME			
	Ruben Cox					Mary H	Baile	ev			
15	WAS DECEASED EVER IN U	S ARMED FORCES?	16, 500	IAL SECURITY NO	17 IN	FORMANT			Address	R.F.D3,	Box 31
(1e	s, no, ar unknown) igir yes	dive wot of dotes of sala	ice,		Sar	ah Lvl	e (I	Dau,:hte	r) Ell	.ton, L.	a. ylan
	18. CAUSE OF DEATH (Enter only one couse pe	r line for (a),	(b), ond (c).)				322		INTER	AL BETWEEN
	PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)		cinoma	Cf A	bdomen	l			6-0NSE	HEHE
	Conditions, if ony, which gove) (b) Partial Obstruction of Abdomen										
										6-M	onths
	rise to immediate couse (o),										
	stoting the underlying couse (c) Cardiac and Nephritis 1-Year										
	PART II OTHER SIGNIFIC							IT!ON GIVEN IN PA	ART 1(o)	19. W	AS AUTOPSY
MEDICAL CERTIFICATION	1									YES	REORMED?
FICA	20o ACCIDENT WAS UNDE	RLYING 🗆	20b. DESCRI	IBE HOW INJURY O	OCCURRED. (I	Enter noture of i	insury in Po	ort I or Port II of r	tem IB)	1125	
CERT	OR CONTRIBUTING (CAL	JSE OF DEATH	ava. Bracin	DE TIOTE HOURT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ariary are		ioni ib j		
R	(IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY M	-	20d INJUR	Y OCCURRED	20a PLACI	OF INJURY (Ho	ome form	20f (City)	or town)	(County)	(State)
WEDI	Hour om.		While	Not While		ry, street, office b		201 (01)	vi 10411)	(count)	(21010)
	p.m.	19	ot work L		for 7	/20/	10	167 4 1	72.7	10/ 9 41-	10 (> 1.
		at (I) (this hospital		ine deceased	and that	doath occur		67 to 1	COURSE BRO	_, 19 <u>6.8</u> , that d on the date	(1) (WE) 10s
	220 SIGNATURE	eu dilve dii 17	11	7 17 00,	Ond mai	dedili occui	iled of T	- 102/gr, 110/1	1 COUSES WITH	22b. DATE SIGNED	
	120 00000000000000000000000000000000000	. 7	1-6		M.D.	ATTENDING			STAFF PHYS.	1/3/68	
	23 PHYSICIAN'S T		700			22d_ADDR	ESS				
	NAME (Type)	ames L.	Johns	son II.D	•	245 E	. Hi	gh,St.	, Ellita	n Cecil	. Hd.
230	. BURIAL, CREMATION,	23b. DATE THEREOF	Τź	23c. NAME OF CEM	ETERY OR C	REMATORY		23d. LOCATION	(City or Town)	(County)	(Stote)
	REMOVAL (Specify)	1/7/62		Griffi				Cedar		Md.	(Stote)
24	FUNERAL DIRECTOR	4		ADDRESS	11 (1		So REC'D	BY REGISTRAR		TRAR'S SIGNATURE	
	Coluk	Bell	_ 90	9 Popl	ar S	t. n	ALA N	1 1 1968		arley Jose	ge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00752 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH DECEASED NAME First (Type or print) January Margaret Creswell 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost birthday) MONTHS White Female. 1897 March

26 HOUR

IF UNDER 24 HRS.

Md.

Last

State

(Stote)

Md .

HOURS

12b KIND OF BUSINESS OR

Logan

3. SEX 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
| Ilaryland WIDOWED [DIVORCED [Cecil 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done give street address)
Union Hospital during most of working life, even if retired)
HOUS EWII'E Elkton 13a. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Elkton 13d. INSIDE CITY LIMITS? 13b. COUNTY ecil 189 Hollingsworth Manor Elkton 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Emma James McDowell 16b. SOCIAL SECURITY NO 17. INFORMANESS HOLLINGSWorthadiffenor. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 218_18_1364 Charles A. Creswell, Elkton, IId. Yes, no. or unknown) 1B. CAUSE OF DEATH (Enter unly one cause per line for (a) (b), and (c).)

PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (b) CONCESTONE HEALT FAILURE DUE TO, OR AS A CONSEQUENCE OF 10) ATTENUSCIEROTIC CARDIOVASCULAR DISENSE Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 10 CENTIACIZED APTELOSCILIZESIS PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) DIABETES MELLITUS 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION CAUSES OF DEATH? NO ICY YES 🔲 21a. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY FOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) loop when sine 11 st her 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Nat white at wark 22a. I certify that (1) (this hospital) attended the deceased from 1 - 7 . 19 68, to 1 - 9 . 19 68, that (1) (we) lost saw the deceased alive on 1 - 9 . 19 68, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED STAFF PHYS. DEGREE 22d: PHYSICIAN'S 22e, ADDRESS NAME (Type) Rolando A. 105 E. Main Street.

23c NAME OF CEMETERY OR CREMATORY

Elkton, Md.

ADDRESS

Cherry Hill Meth. Cemeterv.

2So. REC'D BY REGISTRAR

DATE JAN

23b. DATE

/13/68

23a. BUR AL, CREMATION

24 FUNERAL BIRECTOR

23d. LOCATION (City or Town)

Cherry 256 REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use should be filed with the State Dept. of Health | VR A15 (4) 30M REV. 1/68

requires that the death certificate be executed within 24 hours after deal

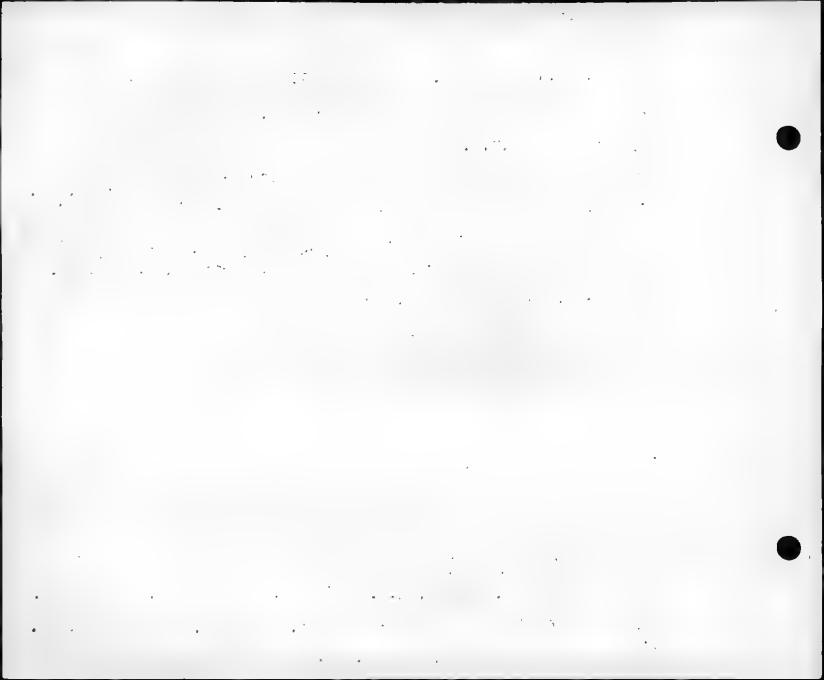
vuriur-transir permir. Then please remove corban papers. Possibirial, cremation, or removal, and in any event, within 72 hours

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.6		•							
	DECEASED NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR				
	(Type or print) OSCA:	7	Crouse	January 6.	1968 3 P.M				
3 5	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR 1F JADER 24 MRS.				
	Male	White	Apr. 15.	1882 lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.				
	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH					
COL	orth Carolina	U.S.A.	WIDOWED K DIVORCED	Cecil	Md				
	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR				
L	Elkton	give street address) #	5 during	most of working life, even if retired) Farmer	INDUSTRY Farming				
13a	STATE (Where decease	ed lived, if institution Residence before							
	Maryland	13b. COUNTY Cecil	Elkton YES [NO R 2D. # 5					
14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM	E First Middle	Lost				
L	Martin	Crouse	Adaline	H111					
	g WAS DECEASED EVER IN U.S. ARN Yes, na, or unknown) (II yes give w	or or dates of careeral		Address					
L	NO NO	215-50-4	883 Mr. Marti	n Crouse, Elkto					
	18. CAUSE OF DEATH (Enter on	y ane cause per lipe for (a) (b) and (c)) - 0	1.00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I DEATH WAS CAUSED	TE CAUSE (a) Creamo	clerosis	Senil & Dement	3 4 80.00				
	4409	DUE TO, OR AS A CONSEQUENCE OF	/						
1	Canditions, if any, which gave a rest to immediate cause (a). (b) DUE TO, OR AS A CONSEQUENCE OF								
	stating the underlying cause	DUE TO, OK AS A CONSEQUENCE OF							
		(6)	OT BELLEVED TO THE VENIENCE OF	DECOUDITION CHIEF IN DARK 14.1					
1	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH BUT N	OF RECATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(0)					
S	19g DATE OF OPERATION 119b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g AUTOPSY?	2Db IF YES, WERE FINDINGS (ONCIDEDED IN CERTIFYING				
			Krukmtu Zud Auturst?		UNDIDEKED IN CEKTIFTING				
. IS	The part of orthograph		VIC - 110	CAUSES OF DEATH?					
ERTIFICATI	21- ACCIDENT WAS UNDERLYIN		YES NO		(* 10)				
AL CERTIFICATION		G 21b TIME OF INJURY	21c. HOW INJURY OCCURRED (E	CAUSES OF DEATH? Inter nature of injury in Part 1 or Part 2,	Item 18.)				
	OR CONTRIBUTING CAUSE OF DEAT	G 21b TIME OF INJURY H HOUR A.M. Month Day Year P.M. 1	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2,	Item 18.)				
MEDICAL CERTIFICATI	OR CONTRIBUTING CAUSE OF DEAT	G 21b TIME OF INJURY H HOUR A.M. Month Day Year P.M. 1	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2,	Item 18.) County State				
	OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examine 21d INJURY OCCURRED 21e While Not while at wark at wark	G 21b TIME OF INJURY HOUR A.M. Month Day Year P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2, No. City or Town	County State				
	OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examine 21d INJURY OCCURRED 21e While Not while at wark at wark	G 21b TIME OF INJURY HOUR A.M. Month Day Year P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2, No. City or Town	County State				
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	CAUSE OF DEAT	G 21b TIME OF INJURY HOUR A.M. Month Day Year P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FAC	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part 2, No. City or Town	County State				
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MEDICAL	G OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination 21e	G 21b TIME OF INJURY H HOUR A.M. Month Day Year P.M. 11 PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC Is hospital attended the decease ive on the farm of the decease in the decease in the farm of the decease in the farm of the decease in the farm of the decease in the de	21c. HOW INJURY OCCURRED (E	No. City or Town City or Town Opinion coath accurred on the do	County State 6 7, that (1) (we) lase and haur and from the				
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WEDICVI	G OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination 21e	G 21b TIME OF INJURY H HOUR A.M. Month Day Year P.M. 1 PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC Is hospital attended the decease live on (I) (was (did) (dans) view the Cobinson, W. D. DATE 1 23c NAME OF	21c. HOW INJURY OCCURRED (EDITORY.) 21f. LOCATION Street or R.F.D. 22f. ADDRESS 22e. ADDRESS 22e. ADDRESS 22e. ADDRESS 21f. LOCATION Street or R.F.D.	No. City or Town City or Town	County State 67, that (I) (we) lass ate and haur and from the DATE SIGNED (County) (State)				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer del

Page 4 may be retained by the haspital or attending physician.



within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compresely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remays carben papers. Pocyhould be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs

JOM REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00759

	DECEASED-NAME (Type or print)	First		Middle		last	2a.	DATE OF DEATH	nth Doy	Veet	2b HOUR
Ľ	(Likha an humi)	Edwin		L		CURRY		Januai		Yeor 1968	2:05PM
3. 5		4 R				S. DATE OF BIRTH		6 AGE	(in years birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF JNDER 24 HRS HOURS MIN
	Male		Whi			1-13-08		55	YRS.	MUINING UNIT	LOOK3 MIN
7a	BIRTHPLACE (State or f	oreign 7b. CIT	IZEN OF WH	IAT COUNTRY?	8. MARRI	ED 🔼 NEVER MARRIED 🗌		JNTY OF DEATH			
ÇG	Philadel	phia, Pa.	USA	_	WIDOW		C	ecil			Md
10.	CITY OR TOWN OF DEAT		give s	AME OF HOSPITAL OR INS street oddress) VA Hospita		If not in hospital 12a Uduring erry Point Mo	most of	UPATION (Kind o working life, eve	f work done en if retired.)	126 KIND OF INDUSTRY	BUSINESS OR
130	LISTIA. PESIDENCE (WIL	ere decensed lived	I if instituti	on Posidence hefore	13c CITY	OR TOWN 13d INSIDE CI		13e STREET AN	D NUMBER		
odn	nission) Maryla	nd. 13b.	COUNTY]	Baltimore	Bal	timore, MdYES [X]	NO 🗌	1623	Sexto	n Stree	et
		rst	Middle	Lost		15. MOTHER'S MAIDEN NAM	lE First		Middle		Lost
	Je	sse		Cur	rv		Lidi	е		Rea	3.
160	WAS DECEASED EVER I	IN J.S. ARMED FOR		16b. SOCIAL SECURITY N	10	7. INFORMANT			Address		
	Yes, na, or unknown) Yes	(II yes give war or doles	OL SOLAICO	215 05 03	08	VA Hospita	1 Re	cords.	Perry	Point.	Md.
	1B. CAUSE OF DEATH	1B. CAUSE OF DEATH (Enter only one couse per h									MATE INTERVAL DISET AND DEATH
	PART I. DEATH V	MAC CAHEED DW				a. bilateral					
	7	IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral DUE TO, OR AS A CONSEQUENCE OF arteries severe									
	(anditions, if any, which gave) Diabetes Mellitus W/sclerosis of coronary									Yes	ars
	tise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	est (c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
×											
CERTIFICATION	190 DATE OF OPERATIO	ON 19b. CONDITI	ON FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS C			NSIDERED IN C	ERTIFYING	
RTIFI						YES X NO					
			16 TIME OF		210	HOW INJURY OCCURRED (E	nter natur	e af injury in Poi	rt 1 or Port 2, II	tem 18.}	
MEDICAL	(If either, notify med	ical examiner)	P.M.	19							
ME	21d. INJURY OCCURR	ED 21e. PLACE C	OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY) 21	f. LOCATION Street or R.F.D.	Na	City or Town	3	County	State
	While Not while at wark										
	22a. I certify the	ot (3): (this hosp	pital) atte	ended the deceose	d from.	4-11 , 19	9_58	toJan	1, 19_	<u>-68, xha</u>	c(t)chan)que
	SWEXING STORE	ed above (1) (es) (did)	CXXXXXXXXXXXXXX	SKXX.,	ond that in (my)⊅ (⊅i⊃x) ∈	opinion	deoth occurre	d on the dot	e and hour	and from the
	couses stated above, (1) (4e) (did) (did-10t) view the body after death.									ATE SIGNED	
	ATTENDING HED CTAFF								-2-68		
	22d PHYSICIAN S NAME (Type)	Seymour	0013	mohon		22e ADDRESS	2140	l,Perry	Daint 1	AA.	
-			GOTOR		CEAA FEET						20°4 b
	BURIAL, CREMATION, —REMOVAL (Sage by)	23b. DATE	20			OR CREMATORY		LOCATION (City	,	(County)	(State)
25	BUR (Sale Ty) FUNERAL DIRECTOR	1-5-6	00	Cedar	<u> H111</u>	Baltimore N	D BY PEGI	Baltir	REBISMAR'S	SIGNATI PE	Md .
29.	William Co	ok Brook	o The				AM	3 1968	Tuca	res ju	7
	MITTITUTE CO	OF DICOR	72 TIIC	. Dalli	ore 'l	ICL. DATE Q	6.0.4	4 1040	ry.	U	



/ 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00'760	
HEALTH DEPT.		ACCUSED WHY	HOUR
PM3 Po	3 5	SEX 4 RACE S DATE OF BIRTH G AGE (In years low bighday) 6 AGE (In years lo	HOUR
0 - 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	(OJr	BIRTHPIACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Cecil	Mc
we F		City or town of Death 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life even if retired) 12 USJAL OCCUPATION (Kind of work done libb Kind of Business during most of working life even if retired) 12 USJAL OCCUPATION (Kind of work done libb Kind of Business during most of working life even if retired) 13 USJAL OCCUPATION (Kind of work done libb Kind of Business during most of working life even if retired) 14 USJAL OCCUPATION (Kind of work done libb Kind of Business during most of working life even if retired)	
0 % O 1	0	USJA. RESIDENCE (Where deceased lived, if institution, Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odm ssion) STATE Md. 13b COUNTY CELL EIX MILLS YES NO	
them 18 Office 1 and 2 after d	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
hin 24 ncl in liner's pages I haurs (140	Ralph J. Dewey Edith Crawford WAS DECEASED EVER IN U.S. ARMED FORCES? LIGHT YOU LIZ INFORMANT ADDRESS.	<u> </u>
within 24 pencil in kaminer's lle pages 72 haurs		Yes no as independed 1 (1)	3.4
in pe Exan File n 72	┝	No 217-20-5165Wrs. Edith Wright Dewey. Elk Mills. [18 CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c)) [18 CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c))	
shauld be executed in ward "pending" in to the Chief Medical Espurial-transit permit. Fin ony event within		PART I DEATH WAS CAUSED BY	
e execute pending" of Medical sit permit		DUE TO, OR AS A CONSEQUENCE OF	AL.
be ''pe ''pe nief nief ansit		Conditions, if any, which gove	
ward ward the Ch riel-tro		ise to immediate cause (a), Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld te ward a the Cl burial-tr in any		los1. (c)	
is certificate to, writing the farwarded to to used as a bremavat, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing warded warded as a as a as a	0	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON 20 AUTOPSY?	
th's certificate, writing the forward be used or remayalt	CERTIFICATION	WAS PERFORMED?	0 [5]
fica fica i be or	MEDICAL CERT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 19	v [#]
XAMI te th your your age	ME	21d ANJURY OCCURRED WHILE AT WORK AT WORK 21e, PLACE OF INJURY (At home, farm, streef, factory, affice building, etc.) 21f .OCATION Street at R.F.D. Na City or Town County	Stote
CAL Executor Page 19 P		22a certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry	pintan
ctor see a s		death resulted from: Natural causes 🖳 Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined manner 🗌	
y, pleaseral directions to prior to		ACTUAL CHIEF MED CAL EXAMINER	
Price Period		SIGNATURE MD ASS STANT MEDICAL EXAMINER 220. DATE SIGNED	>
o DEPUTY necessary, p the funeral 5 may be r o FUNERAL Health price		EXAMINER'S NAME (Type) The Man	
necessor the fun 5 may 10 FUNE Health	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	-1
		Burial 1/18/68 North East Meth. Cemetery, North East, Md.	
A.	24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR 5 S.GNATURE	
VR A15ME (5) 10M REV 1/68		Hicks Home for Funerals, Elkton, Md. DAME JAN 19 1988 glarles Judge	p-

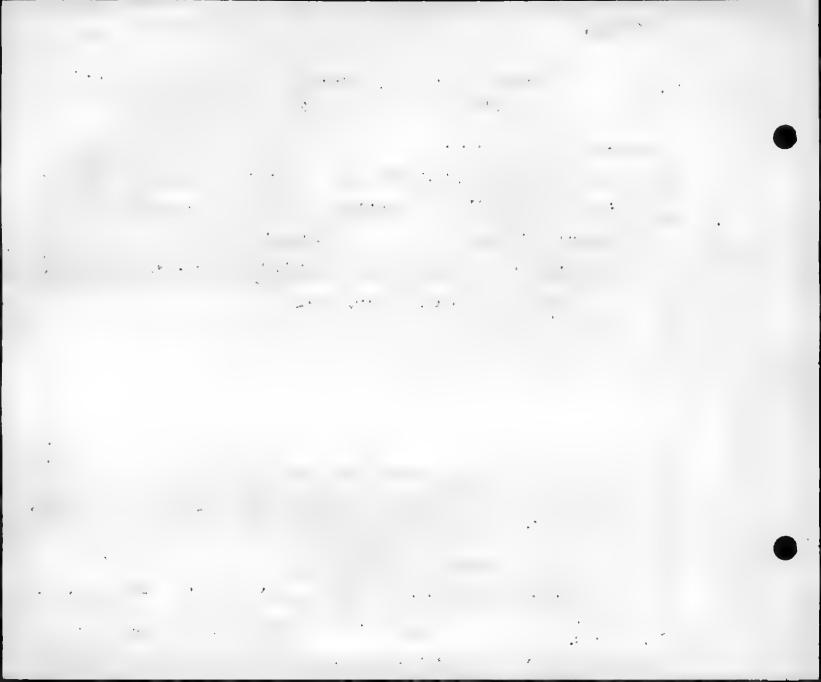


VR A15 (4) 1 30M REV 1/68

24. FUNERAL DIRECTOR PATTERS ON FUNERAL HOME - Perryville, Md.

DATE FEB 5 1968

25b. REG STRAR'S BIGNATURE



00762

de th. ofter o

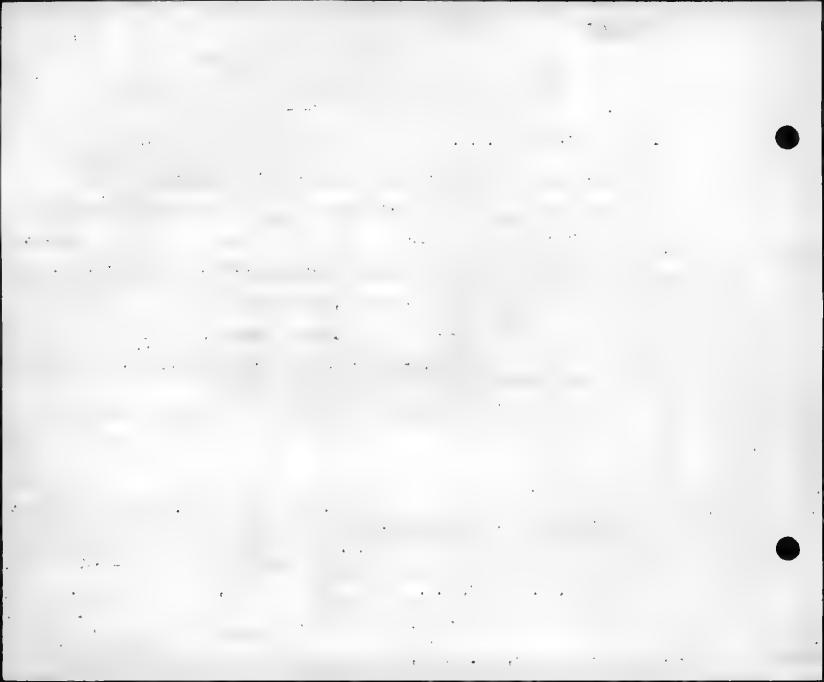
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending pllysician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00.00		CERTIFIC	CATE OF DEATH			0.070	52			
1. DECEASED-NAME First	Middle		Lost	2o. DATE OF	DEATH		2b. HOUR			
(Type or print) JAM	ES	I	UBLIN		Month 1 Bo	22 Yeor 68	9:35M			
SEX	4. RACE		S DATE OF BIRTH		6. AGE (In years		UNDER 24 HRS			
Male	Negro		8-1-26		iost birthdoy)	MONTHS DAYS	IOURS MIN.			
BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED X	9. COUNTY OF	DEATH					
orth Carolina	U.S.A.	WIDOWED			Cecil		Md			
ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	ISTITUTION (IF	not in hospital 120 USU	AL OCCUPATION	(Kind of work done	126 KIND OF BU				
Perry Point	give street oddress) Veterans Ac	dminic	tration during n	ruck Dr	life, even if retired.)	INDUSTRY				
	ed lived, if institution: Residence before	13c. CITY O	R TOWN 13d, SINSIDE CITY		REET AND NUMBER		-			
o. USUAL RESIDENCE (Where deceose mission) STATE Virginia	13b. COUNTY	Arlin	Vec .		3 Lincol	n Ctroat				
FATHER'S NAME First	Middle Lost		S. MOTHER'S MAIDEN NAME		Middle	n Street	Lost			
Gifford					Tima di G	1.7.2 7 7 7				
o. WAS DECEASED EVER IN U.S. ARM		NO 17	INFORMANT	udrey	Address	Will:	Lamb			
	or or dates of service)	1	. Hospital R	ecords.		oint. Md				
T			110000000000000000000000000000000000000	,	7 0 2 1 3	APPROX MAT	E INTERVAL			
18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BETWEEN ONSE	AND DEATH								
immediate cause (o)Bronchopneumonia, bilateral										
Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) A spirations of castric contents, recurrent										
rise to immediate couse (a).										
I noting the original coset										
lost. (c) Chronic brain syndrome w/repeated epileptic years										
PART 2. OTHER SIGNIFICANT CON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
190. DATE OF OPERATION 19b. (CONSIDERED IN CERT	TYPE								
170. DATE OF OPERATION 176. C	CONDITION FOR WHICH OPERATION WAS PE	EKFOKMED	20o. AUTOPSY?	CAHSES	OF DEATH?		IFTING			
101 ACCIDENT WAS HARDEDLYIN	C Inch Trus Or History	lai. I	YES 😿 NO	- (1 0 1 1 1 2 1 0	yes				
G OR CONTRIBUTING CAUSE OF DEATH	Tare the district the same of									
5 (It e.ther, notity medical examin										
	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING ETC.	KIDRT, J. 211. L	OCATION Street or R.F.D. No	o. City	or Town	County	Stote			
While Not while of work			Iom 30 10	-/1	22 10	6 V at-				
22a. I certify that ALK(thi	s hospital) attended the decease	ed trom	d that in (my) (aur) on	union dooth o	an ZZ, 19	/ <u>oo</u> , marx(1	Lafone spe			
causes stated abave	, (I) (we) (did) (did nat) view the	body ofter	death.	illion deoill o	cconea on me u	ore and nour an	u mom me			
22b SIGNATURE			D.			DATE SIGNED	-			
D.L	. Moron ou	∑ €8		MED. DIRECTOR	STAFF PHYS.	1-23-68				
22d. PHYSICIAN'S			22e. ADDRESS							
NAME (Type) A . I	. MOONEY, M.D.		VA Hosp	ital, P	erry Poin	nt, Md.				
o. BURIAL, CREMATION, 23b. I	PATE / 23c. NAME OF	CEMETERY OF	R CREMATORY	23d LOCATIO	IN (City or Town)	(County)	(Stote)			
REMOVAL (Specify)	26/68 CULPE	PPER	NATIONAL CEP	M CUL	PEPPER	. VIRGIA	SIA			
4 FUNERAL DIRECTOR Jame			2So REC'D	BY REGISTRAR	25b. REGISTRAR	S SEGNATURE				
Chinn Funeral H		Virgi	nia DATE JA	N 26 19	368 Juli	erles Jud	gre-			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be fil≡d with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 [4] 30M REV. 1/6



MARYLAND STATE DEPARTMENT OF HEALTH 36763 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00763CERTIFICATE OF DEATH 1. DECEASED-NAME First M.ddle Last 2a. DATE OF DEATH aquires that the death certificate be executed within 24 hours after diath. (Type or print) Marvin Allison Goodchild guo 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6 AGE (In years last birthady) 1/28/68 signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Pages burial, crematian, or removal, and in any event, within 72 hours at White Male 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED 52 country) WIDOWED | DIVORCED [7] Maryland Cecil 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address L during mast of working life, even if retired.) INDUSTRY on Hospital Elkton 13c CITY OR TOWN 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) Mary land RD#4 13b COUNTY Elkton Cecil 14. FATHER'S NAME Middle Last IS MOTHERS MAIDEN NAME First Middle Donald Goodchild Pauline Edward 165. SOCIAL SECURITY NO. 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (It yes give war or dates at service) Yes, na, arunknawn) Elkton.Md.RD#4 None Donald Goodchild 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Death due to prematurity DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been stached far use as the Dept. af Health priar to Respiratory Distress Syndrome CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗔 O FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 18 days, 19 ta 19 to 19 director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 1/31/68 PHYS.

VR A15 [4] 30M REV, 1/68

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S

NAME (Type)

BURIAL CREMATION REMOVAL She Styl

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Wallace Obenshain , M.D.

23b DATE

1/31/68

Cherry Hill Cem. 250 RECD BY REGISTRAR

Cecilton, Maryland

22e ADDRESS

23d LOCATION (City or Town) (County) (State) Cecil Cherry Hill Maryla 2Sb REGISTRAR'S SIGNATURE

2b. HOUR

3:30

IF UNDER 24 HRS

HOURS

Last

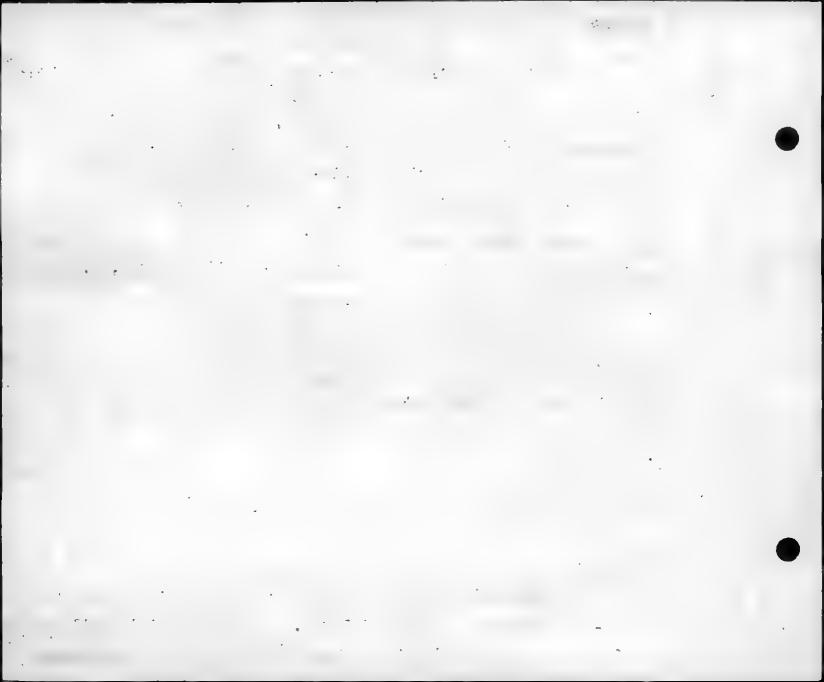
Philhower

BETWEEN ONSET AND DEATH

State

19

DAYS



06764

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove corbon papers. Pages 1 per should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after reat

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS,

I ALSTON STREET, DALIMONE, MARILAND ZIZOT	
CATE OF DEATH	0.07

AVI.		0000		CERTIF	ICAIL OF	DEATH		00	764
E-12		ECEASED-NAME First	Middle		Lost 7	went 1 20	D. DATE OF DEATH	n W	2b. HOUR
9	Ľ	Type or print) Melv:	in E.	Goodch	ild		1- Month 28-	Day Year 8	2:18 ⁴ M
	3 5		4 RACE		S. DATE OF BI		6. AGE (In years last birthday)	MONTHS GAYS	HOURS MIN
2	L	Male	White		1/28/		YI		6 37
2		BIRTHPLACE (State or foreign intry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRI	ED 📋 NEVER MAR	(KIEDI <mark>DA</mark>	DUNTY OF DEATH		
4	L	Maryland	U.S.	WIDOWI		RCED 🗌	Cecil		Md
. /	10.	CITY OR TOWN OF DEATH Elkton	11 NAME OF HOSPITAL give street address) UTILO	·	If not in haspital of Cecil	during most o	CCUPAT ON (Kind of work dor f working life, even if retired	12b. KIND OF I INDUSTRY	BUSINESS OR
Should be incomeniate or the control of the control	13a adn	USUAL RESIDENCE (Where deceose nission) Naryland	lived, if institution. Residence by 13b COUNTY Cecil	efore 13c C TY	OR TOWN	13d INSIDE CITY LIMITS? YES NO X	13e STREET AND NUMBER RD#4		
5 /	14.	FATHER'S NAME First	Middle L	ast	IS. MOTHER'S MA	AIDEN NAME First	Middle		Lost
	L	Donald	Edward Good	child		Paulin	е	Phill	lower
		I. WAS DECEASED EVER IN U.S. ARME Yes, na, ocunknawn) (II yes give war	D FORCES? or dates of service)	JRITY NO. 1	7 INFORMANT Donald	Goodch	ild Elkton,		
		18. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), or	nd (c).)					NATE INTERVAL NSET AND GEATH
		DADT I DEATH WAS CALISED.	BY. E CAUSE (o) Death		prematur	rity			
			DUE TO, OR AS A CONSEQUENCE			•			
		Canditions, if any, which gove) rise to immediate cause (a),	(b)						
	L	stating the underlying couse	DUE TO, OR AS A CONSEQUENT	CE OF					
		lost. 7733	(c)						
			OITIONS CONTRIBUTING TO DEATH E		TO THE TERM.NA	L DISEASE OR COND!	ITION GIVEN IN PART 3(a)		
	NOI	Respiratory 190. DATE OF OPERATION 196. C	Distress Syndrondition For Which OPERATION W		20a AUTO	\D¢V2	206. IF YES, WERE FINDING	S CONSIDERED IN CE	PTIEVING
,	CERTIFICATION	170. DATE OF OFERANOR 176. C	ORDITION FOR THICH OF ERATION II	AS PERFORMED	YES [CAUSES OF DEATH?	S CORSIDERED IN CE	KIB TIBO
×	EXT	21g. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	210	_	_	ure of injury in Port 1 or Port	2. Item 18.1	
	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Manth Day	Year		(,,	
	MED		PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	19 EET, FACTORY,) 21f	LOCATION Street	et or R F.D. No.	City or Town	County	State
	1	While Not while of work	OFFICE BUILDING, ET	c. /			•		
		22a, I certify that (I) (this	haspital) attended the de	ceased frame	1800	, 19.65	, to not low,	19 <u>65</u> , that	(I) (we) last
	Ш	saw the deceased ali	ve an (l) (we) (did) (did nat) view	196_0	and that in (m	ıy) (aur) apıntar	n death accurred an the	date and haur o	and from the
	ш	22b. SIGNATURE	(i) (we) (ala) (ala har) view	me baay an	er dearn.			2. DATE SIGNED	
	Ш	Wallee	Ollember	D	EGREE PHYS.	NG MED.	TOR STAFF	2c. DATE SIGNED 1/31/68	
,		22d. PHYSICIAN'S			22e. ADD		10K — 11113. —		
1		NAME (Type) Walla	ce Obenshain, M	I.D.	Ce	ecilton,	Maryland		
	230	BURIAL, CREMATION, 23b. D		NE OF CEMETERY	OR CREMATORY		d LOCATION (City or Tawn)	(County)	(State)
1		TIMO AT (Specify)			ill Cem		herry Hill		Md.
R	24	PUNERAL DIRECTOR		DRESS		2So REC'D BY RE		IR S SIGNATURE	
1/68->	1/	1 Deces	/ www.	Del	Bur a Well	DATEFFR	2 1938 000	weekan Jun	dela.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00765
HEALTH DEPT			anth Day Year 2b, HOU
× = 8 (₹)	1	Type or Printy ESLIE KNYHOWTS GOUAK DEATH MATED [1-11 1968 4.19
y delay is 2, and 3 to PM3. Page	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (n years Funder 15ER 16 UNDER 24 HRS 2C DATE PROMOUNCED DE	AD 2d HOU
	7a (00)	B RTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	110000
Pages vith for	1	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INST TUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work of	Ione 12b KIND OF BUSINESS OR
de F	1	TON MO give street appress) (LOSP. TAZ during most of working life, even if retir	ed.) INDUSTRY
18. Give F a along with the death.		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER CHARLES OF THE STREET AND NUMBER OF T	07
haur Item Office I and I	14.	TATHER'S NAME FIRST MANDEN NAME FIRST MIDDLE AND FIRST MIDDLE AND	WEIKEL
d be executed within 4d "pending" in pencil in Chief Medical Examiner's transit permit File pages y event within 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	CRTEN
d with per lexar File in 72		18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c))	AFPROX MATE INTERVAL BETWEEN ONSET AND DEATH
xecuted validing" in Medical Experimit Fi		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREB RACHEMORRHAEE	1157
be Exe		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	G= 2 != 22.
d be d 'b Chie trans		rise to immediate couse (a)	SELEWALL SEADI
shamid be in ward "per or the Chief burial-transit in any ever		stating the underlying cause Due 10, OR AS A CONSEQUENCE OF	SETIE: LANC
ate state of the additional and in and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(d)	J YEARS
certificate , writing th farwarded t used as a mavol, and	8	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
7 , 0 3 %	CERTIFICATION	WAS PERFORMED?	YES (T) NO DE
The filter of the beautiful to be or	L GR	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	Lad
FR: certifi hauld les. shoul	MEDICAL	CAUSE OF DEATH HERM. 111 1968 FEL GETTING OUT OF U	AED
the the certifie the the certifie the shauld form files. The age 3 should cremation,	×	21d INJURY OCCURRED 21e PLACE OF NURY (At hame, farm, street, WHILE AT WORK	State State
tor. Paged for Purior,		220 certify that I taak charge of the remains described obove, held an Autopsy, Inspection 📈 , Inquir	y 😿 and in my apinia
se estor. ector. med ned but		deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined mai	nner 🗀
please directer retainer to birect		ACTUAL CHIEF MEDICAL EXAMINER CHIEF	DATE SIGNED /
DEPUTY DIC cessary, please e funeral director may be retained FUNERAL DIRECT		SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1/11/68
necessary, please the funeral direction by the funeral direction of Funeral DIRECT Health prior to but	L	NAME (Type) HENRY (A) AZ'IS HO ADDRESS(Street, city, town, or county)	77
To I	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL ISOSCHY) 1/15/68 WHITE MARSH MEM, PH PROSPECT VILL	(County) (State)
10 215.45	24.	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
VR A15ME (5) 10M REV 1/68	N	H. PIPPIN FUNERAL/TORE Sound De MI, DATE JAN 15 1988 20	Timber Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30766 00766 CERTIFICATE OF DEATH DECEASED-NAME (Type or print) Middle Last 2g. DATE OF DEATH 26 HOUR requires that thm death certifical le executed within 24 hours after diath Manth completely filled in by the funeral EDWIN O. ALTOI. 3. SEX 4 RACE 6. AGE (In years 5. DATE OF BIRTH last birthoay) HOURS 3-5-04 Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED SCI couplaryland U. S. A. WIDOWED [7] DIVORCED | Cecil ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USBAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) VA Hospitaí during most of working life, even if retired.) Floor Sander Perry Point 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY 510 E. Gav YES X NO Denton 15. MOTHER 5 MAIDEN NAME First 14 FATHER'S NAME First M.ddle Last Middle Last JAMES JOLLY MILLIE ANNE ENDLEY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates or service) Yes, novernoknown) 217 07 10 40 VA Records VAH. Perry Point. Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Peritonitis, acute, purulent DUE TO, OR AS A CONSEQUENCE OF 2 days Canditians, if any, which gave) perforated gastric ulcer burial-transit nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the the 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES __ NO 🗔 O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D No. City or Town Caunty State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram.... and that in (my) (aur) apinion death occurred on the date and hour and fram the saw the deceased alive an.... causes stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SUSNED ATTENDING PHYS GREE DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIA NAME (Type) WAH, PERRY POINT, MARYIAND

VR A (4) 30M REV 1/68

24 FUNERAL DIRECTOR

23a. BUR AL, CREMATION

23b DATE

23c. NAME OF CEMETERY OR CREMATORY

Baltimore National

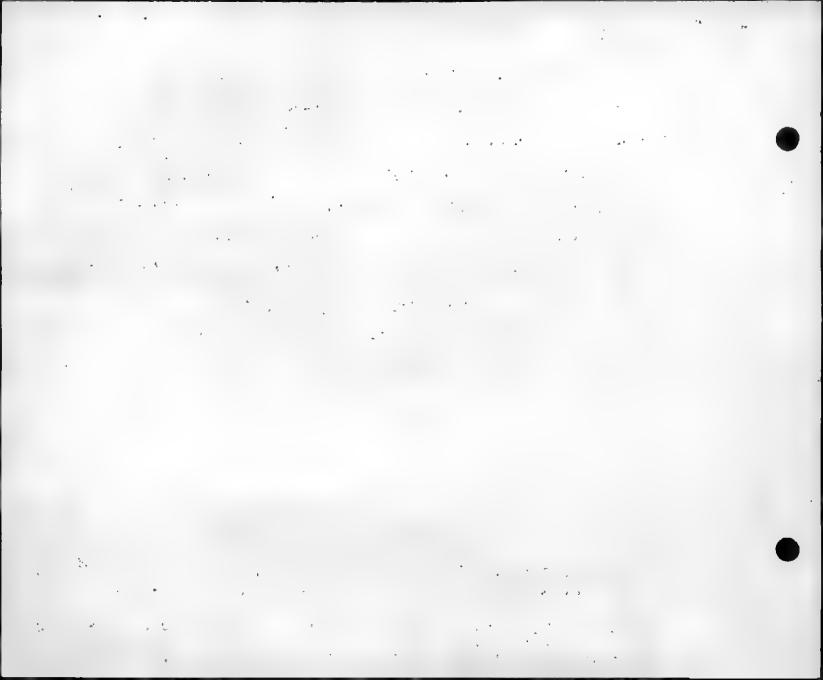
2So. REC'D BY REGISTRAR

23d. LOCATION (City at Tawn)

Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE

(County)

(State)



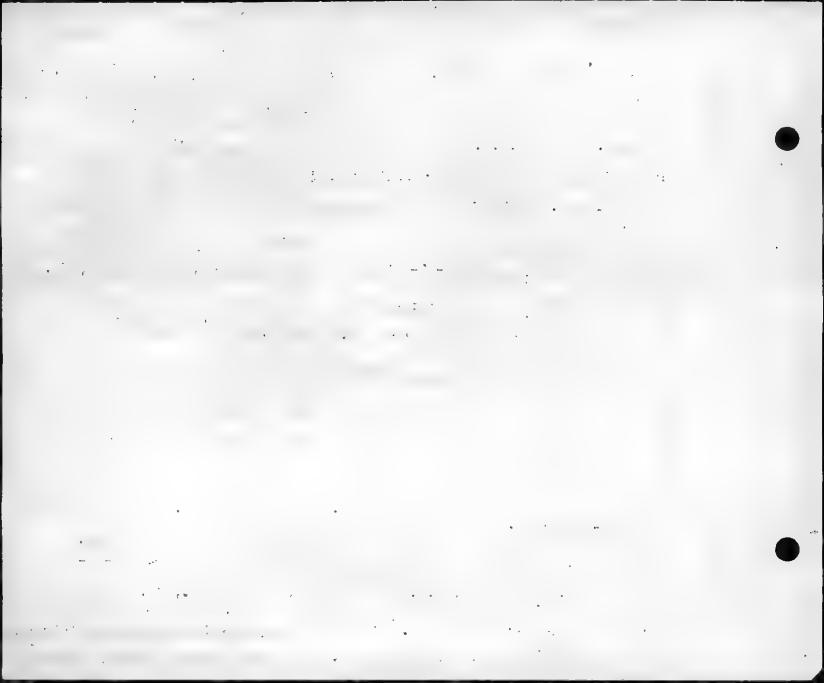
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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£		CEASED-NAME ype ar print)	First		Middle		Last		2a. DATE OF DEATH	Day of S	2b. HOU	JR
dea	- (1	(be at built)	GEOI	RGE	C.		KAHMA		Month]	•	or 682:15	10.471
arrer dearn.	3. SE	Male		4. RACE	1 4 1		S. DATE OF BIR		6. AGE (In year lost birthday	YRS IF UNDER 1		MIN
	7a. B	IRTHPLACE (State or	foreign i	7b. CITIZEN OF W	hite	B. MADDIE	D NEVER MARR	7-93	COUNTY OF DEATH	TKS		
	coun	try)		U.S.A		WIDOWE		LULA	Cecil			Md
	10 C	Penna. TY OR TOWN OF DEA	ATH	11 N	AME OF HOSPITAL OR INS			12a USUAL	OCCUPATION (Kind of work	done 12b K	IND OF BUSINESS OR	
. }	F	erry Poi	nt	give	street oddress) eterans Ac	lmini	istratio	during most	of working life, even if ret Lerk	ired.) INDUS	IRY	
	130.	USUAL RESIDENCE (W	here decease	lived, if institut	tion: Residence before		OR TOWN	YES NO	_	BER		_
,	14. F		First	M. ddie	lost		IS. MOTHER'S MAI		Mic	Idle	Lost	=
di.		Unk	nown				Un	known				
	160.	WAS DECEASED EVER	IN ILS APME	D FORCES?	166 SOCIAL SECURITY N		7 INFORMANT			ress		
	1	Yes	Ww	I Service)	182-36-2	858	VA Hospi	tal Re	cords, Perr	y Point	, Md.	_
					ne for (a), (b), and (c).						APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	н
		PART 1. DEATH	MAS CAUSED	BY. E CAUSE (a)	Bronchopn	eumo	nia					
		/ /	7	DUE TO, OR	AS A CONSEQUENCE OF				arteriosc			
		Conditions, if any, v		(b)		rain	syndron	e asso	c/w cerebra	1		_
		stating the underly		DUE TO, OR	AS A CONSEQUENCE OF							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											=	
			HIFICANT CONL	ILION2 CONTRIBE	TING TO DEATH BUT NO	JI KELATED	TO THE TERMINAL	DISEASE OKTOR	IDITION GIVEN IN PART I(0)			
1	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?								20b. IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONSIDERE	IN CERTIFYING	
of	CENTIFICAT						YES 🗌	110 X				
	DICAL C	21a. ACCIDENT WAS or contributing [(If either, natify me	CAUSE OF CEATH	HOUR A.M.	FINJURY Month Doy Year 19		HOW INJURY OCCU	JRRED (Enter n	ature of injury in Part 1 or I	Port 2, Item 18.)		
	ME	21d. INJURY OCCUR While Not while at work	RED 21e F	LACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC				City or Town	County		
		220 Leaville H	10 1 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	hospital) att	ended the decease	d fram_	Aug. 20	, 19 <u>_3</u> C	, to Jan. 17	<u>, 1968 x</u>	(OWY H) PARM	杨鲜
		d <mark>scediceces</mark> ofe seeupo	ted above	%e.xxx	(did nat) view the l	ady offe	and that in (my or death.) (aur) apini	an death accurred an t	the date and	hour and fram	the
		22b. SIGNATURE	5. 8	HER.	~	Di	ATTENDING PHYS	MED DIRE	CTOR STAFF PHYS.	22c DATE SIGN 1-18	-68	
		22d. PHYSICIAN'S NAME (Type)	S. G	OLDGRAE	BEN. M.D.		22e. ADDR VAH		y Point, Md	•		
	230,	BURIAL, CREMATION REMOVAL (Species)				EMETERY Coal	DR CREMATORY		23d LOCATION (Cuty on Town		x) (State)	
	24.	UNERAL DIRECTOR	121	71/6	ADDRESS		/	2Sa. REC'D BY		STRAR'S SIGNATU		
68	P	ftterson	Walter	al Hom	Perryvi	lle,	Md.	DATE JAN	2 5 1968 2	Charles	Judge	

hin 24 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DEATH

MAG		
0763	CERTIFICATE	0

00768

		PLACE OF DEATH					2. USUAL RESI	DENCE (W	here deceased	lived, if institution	n: Residence	befare adm	ussian)
	(a. COUNTY	CIL		MADV	AND	a. STATE	())		b. count	Y /	EC12	,
	1		autside carporate limit		MARYS C. LENGTH OF STAY IN		CITY OR TOW	HAL CIE must	elde compresso	limits, write RUR			
		write RURAL and	give nearest town)	5,				*	•	illinis, wille kuki	ir aug disa i	Hadiezi Idwi	11/
		FARTE			10 DAY	5		K To	M				
	(d. NAME OF HOSPITA	L OR INSTITUTION (If n	at in haspital, g	give street address)		d. STREET ADDI	RESS				e. IS F	RESIDÊNCE A FARM?
1		4 KION	HUSPIT	アガム			104 E	LR	TON	BLU	D		NO 🔀
		NAME OF DECEASED	F	ırst	Middle		Last		4 DATE OF	Manth	4.	Day	Year
	((Type or print)	E14	anor.	C.	Lew	is	1	DEATH	Jan.		223	1968
	S. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	4			IF UNDER 1 Y	YEAR IF U	NDER 24 HRS
Į.		F	W	WIDOWED	园 DIVORCED		5-30	- 0	1 6	last brithday)	Months (Days Hat	urs Min
	10a	USUAL OCCUPATION	(G ve kind af work dane		ND OF BUSINESS OR		11. BIRTHPLACE	E (Caunty 8	State, ar farei	gn country)		ZEN OF WHA	J
	duri	ng mast af warking l	ite, even it retired)		DUSTRY OME		ELAT	11/	2.1	D.	6901	NIRY?	
		FATHER'S NAME	Rest.		1116		14. MOTHER S			<i>v</i> .	1 7	3 - 1 -	
	10	//////	D CA	WHE	,		EDIT			DUNB.	AR		
	15	WAS DECEASED EVE				17 1	NFORMANT	/ /	(5 / -	Addres	*		
	(Ye	s, na, ar unknawn)	If yes give war ar dates	of service)	SOCIAL SECURITY NO.	1		4.4					
,						10	1LK/AM	<u> </u>	LEW,	15 TR	EARL		
			ATH (Enter only one co	use per line for	(a), (b) and (c).)								BETWEEN ND DEATH
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) A1	bdominal	car	cinomai	tosi	S			3 m	O A
	-1	1519	DLIE										
		Canditions, if any,	which gave)	(b) Ca	arcinoma	of	etomeck	h				1 v	72.
		rise ta immediati		10		UL .							-
	- 1	stating the under	lying cause										
	- 1	last.	,	(t)				•••				170	
5%	<u>z</u>	PART II OTHER SIG	INIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT RELA	TED TO	THE TERMINAL DIS	EASE CONI	DITI ON GIVEN	IN PART 1(a)		19. WAS	AUTOPSY ORMED?
2	읡	11.										YES	
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	205. DE	SCRIBE HOW INJURY OC	CURRED	(Enter nature of i	injury in P	art I or Part I	1 af item 18.)			
	퇿	OR CONTRIBUTING	CAUSE OF DEATH							,			
	쾰		MEDICAL EXAMINER)	204 16	NJURY OCCURRED	00 - DI 4	CE OF INJURY (Ha	6	201 /	(City ar tawn)	(Caun	the d	(State)
	ăl	ZUC. TIME OF INDU Haur a.m	RY Manth, Day, Year	While			ary, street, affice b			(city at town)	franti	141	(21019)
	≥	р.п		at war	k 🗀 at wark 🗀					23			
		21. I certif	y that (I) (this has	spital) atten	ded the deceased t	fram	10/26	<u>767</u> 19	9, ta_	7/22	1689_	_, that (l) (we) last
		saw the de	ceased alive an_	1/27	<u>/68_19,</u> a	nd tha	t death occur	red at_	12: M	from causes of	nd an the	e date sto	ated abave.
	. 1	22a. SIGNATURA	A	-	- 1		ATTENDAM		TU H	.PI	22b. DAT		
			pura	Qu.	scher	MI	ATTENDING PHYS.	ix)	MED. DIRECTOR [□ STAFF □	1/	/2 3 /6	8
1		22c. PHYSICIAN'S					22d. ADDR						
1		NAME (Type)	John	A 157 4	lscher -		160	6 W.	Main	St.,	Elkto	on, M	d.
N 19	230	. BURIAL CREMATIO			23c. NAME OF CEMET	FRY OR	CREMATORY		23d, LOCA	TION (City or Tow	m) ((County)	(State)
	-	REMOVAL (Specify)										211	MD.
1	400	CHARLE DIRECTOR		7	ELATON ADDRESS	/	1 0	Co DEC'D	BY REGISTRAL	KTON ,	GISTRAR'S SIG		/ 1/2.
3		. FUNERAL DIRECTOR	V) - 1	1 Hora	es !			JU. KEL U	25	1980	Clase		4.1
3	21	PPIN E	1116771	Mar 2 1 5"	1 1 1 1	2 4 4	1/1 B	ATC WELL		ICHOIC X	Carlet	35-4 V.44	and the

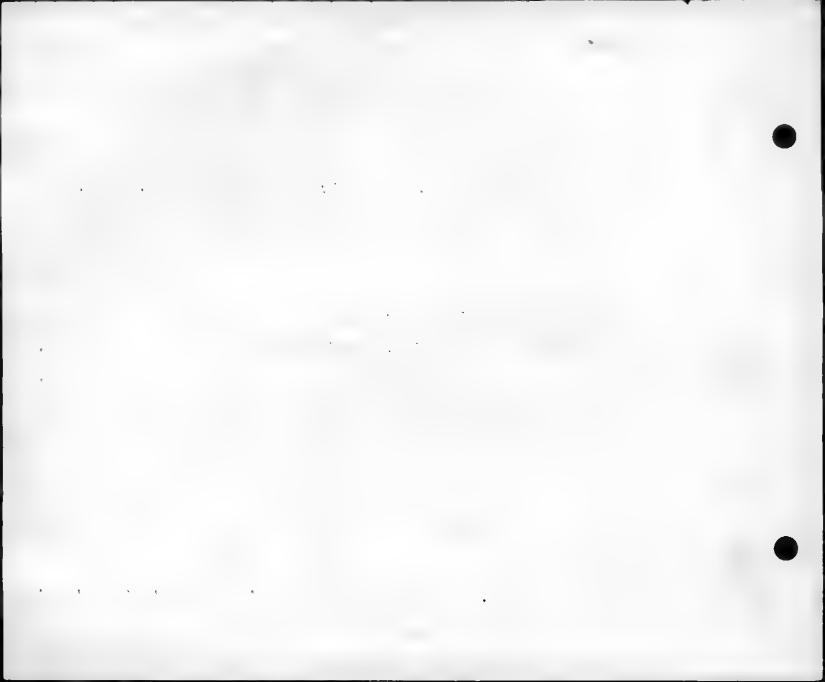
100

and 2

24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO FUMERAL INRECTOR: After this certificate has been signed by the attending physicion and cambletely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carboar appers. Ashauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haur Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



	06769	DIAIZION OF	VITAL RECORDS,		ICATE OF		MUKE,	MAKTLAND 2	1201	00%	760 ·
I D	ECEASED NAME First		Middle	CEIXIII	Lost	PLAIII	2a DAT	E OF DEATH		() 1) (25, HOUR
	Type or print) Bernar	21.2	M.	Т.,	ooymans			Month	Doy	7.0Yeqs	am
2.5			14.	ים		ALIBORA D	Ja	inuary		1968 IF JINDER I YEAR	I I UNDER 24 HRS.
3. 51	_	4 RACE	71 P.L.		S DATE OF E		1016	6. AGE (In)		HONTHS DAYS	HOURS MIN
	Female		Mite		1	ber 21,		/ 51	YRS.		
	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	D 🔲 NEVER MA	RRIED X). COUNT	OF DEATH			
	Maryland	U. S	Α.	WIDOWE	D DIVC	ORCED 🗌		Cecil			Md.
10 (CITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN: street <u>od</u> aress)/	STITUTION (f not in hospital			TION (Kind of wo		125 KIND OF INDUSTRY	BUSINESS OR
P	erry Point	give	V.A. Ho	spita	1			king life, even if i Lng_Offi		Unkn	own
130	JSUAL RESIDENCE (Where decease	ed lived, if institut	ion. Residence before	13c CITY	OR TOWN	13d INSIDE CITY LIM	13	. STREET AND NU	MBER		
adm	ssion) STATE Virginia	135. COUNTY I	airfax //	McL		AEZ K NO		16 Pro	viden	ce Ter	race
14,	FATHER'S NAME First	Meddle	Lost		is, mother's a	MAIDEN NAME FIR			Viddle		Lost
	Francis	J.	Looymans			Mary		Α,		Vitek	
160	. WAS DECEASED EVER IN U.S. ARM	IED FORCES?	166 SOCIAL SECURITY		7 INFORMANT				ddress		
	res, no, or unknown) (If yes give w	gr or dates of service)	215-03-80	25	VA Hosp	ital Re	cord:	s, Perry	Poin		
Г	18. CAUSE OF DEATH (Enter onl	y one couse per li	ne for (o), (b), and (c)	.)		•					MATE INTERVAL INSET AND DEATH
	PART (. DEATH WAS CAUSED	BY: TE CAUSE (0)I	egeratkon	of b	rain, l	eft from	ntal	lobe			
	4001	1-7	AS A CONSEQUENCE OF								
	Conditions if any, which gove	(b)	Calcifie	d hem	atoma						
	rise to immediate cause (a), (1-1	AS A CONSEQUENCE OF	-		owobwo l	000	rysm, 1	oft.		
	stoting the underlying couse lost.	,	anterior c	11/4/1	el arte	arentar	(196	s)	.C.I. U	4분 y	rs ago
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBL	ITING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR CO	NDITION	GIVEN IN PART 1(0)		
_	12 y 4'							•	•		
CERTIFICATION	190, DATE OF OPERATION 195.	CONDITION FOR WE	IICH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?	20	b. IF YES, WERE F	INDINGS COI	NSIDERED IN CI	ERTIFYING
SE SE					YES K			USES OF DEATH?	YES		
E	21g. ACCIDENT WAS UNDERLYIN	G 216 TIME O	F INJURY	210			noture of	injury in Port 1 o		em 16.1	
	OR CONTRIBUTING CAUSE OF DEAT	HOUR AM.	Month Day Year		note moone of	LCOINED (EINOI	1101010 01	angory are core i c	,, , , , , , , , , , , , , , , , , , , ,	ont volg	
MEDICAL	(If either, notify medical examination of the control of the contr		AT HOME FARM STREET FA		LOCATION Stre	net or DED No.		City or Town		County	Stote
	Actual Committee	PLACE OF INJUNI	(AT HOME, FARM, STREET FA OFFICE BUILDING ETC.	211.	LOCATION 3DR	ger or K.r.D. No.		city of Town		CODINIT	31010
	220. I certify that (1) (2)	5 1 9 D 10	1.14.1	1 (Decembe	m 16 10 6	11 +0	Jan 5	iof	A Wat	XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ı	220. I certify that (i) the	TO STORY OF STATE OF	ended the deceas	ed from_	and the starte	MOVINITY AND	10 17 min der	th occurred or			
	XXIXXX stoted abave	. (1) 100E) (did)	COCKOON view the	body ofte	er deoth.	NEVININATARA	Marie acc	1111 00001100 01	II IIIC GOI	c ond noor	PURCHASINE.
	22b. SIGNATURE	, , , , , , , , , , , , ,								ATE SIGNED	
	().1	m.	ono.	DI DI	GREE PHYS.	ING DI	ED Rector	PHYS.	<u> </u>	.568	
	22d. PHYSICIAN'S			*	22e. AD	DRESS				. 262	
	NAME (Type) A. L	. MOONEY	, M.D.	U		VA Hos		1, Perry		it, Md.	
230	BURIAL, CREMATION, 235 I				OR CREMATORY			CATION (City or To		A(County)	(Stote)
	REMOVAL (Specify) VA	N. 9,1968	Horris	EDEE	MERLEM			ALTIME	7.3	MKYE	MUD
1	FUNERAL DIRECTOR) (U	RAN	817 SCA	RIO 3	- 10	2So. RÉC'D BY	REGISTR		GISTRAR'S S		das
IK	BYMOUD O. CON	-	Dark Ston	TUD J	and.	DATE A	N !	9 1968	Ture	may	0

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral disputar, page 3 should be detached far use as the burial-transit permit. Then please remove carban appeas. Pages 1 and and be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deat



ARYLAND 21201

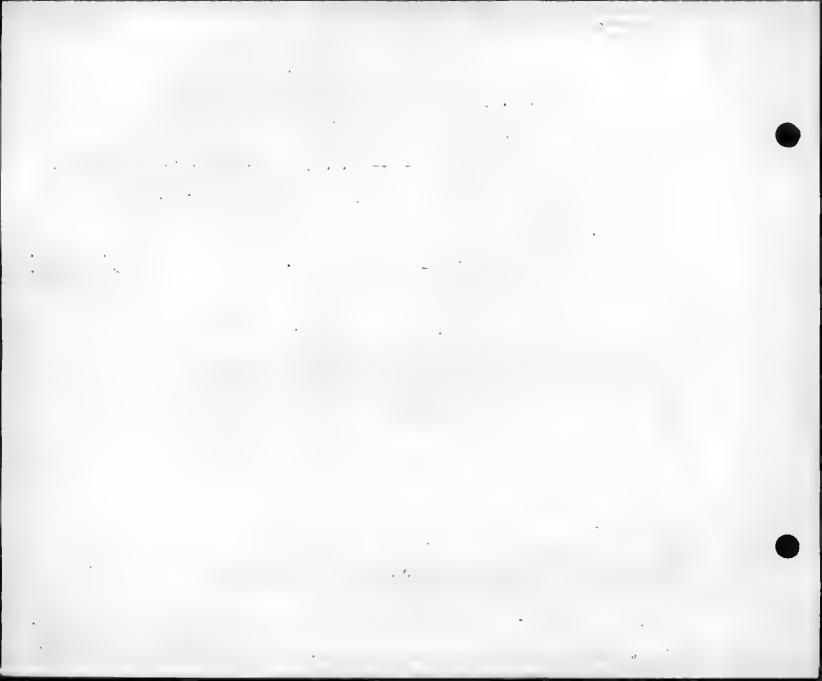
DIVISION OF VITAL	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	M
	- (EDTIF	CATE	E DEA	TH	

110.41)		ERTIFIC	CATE OF	DEATH				0.02	"7O
1 DECEASED NAME (Type or print)	First WILLIAM	Middle C .]	Lost McKINLE	EY	2o. DATE OF	Month 1	Doy 2	4 Yeor68	2b. HOUR
3. SEX Male	4. RACE	White		5. DATE OF BIE			6. AGE (In year last bythday)	YRS.	NDER I YEAR THS DAYS	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (Stote country) Maryla		VHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARI	RIEDZ C Ced 🔲	9. COUNTY OF	DEATH Cecil			Md
10. CITY OR TOWN OF O	DEATH 11.	NAME OF HOSPITAL OR INS a street oddress) ≥ terans Ad	minis	tration	during mo	ist of working ne	(Kind of work life, even if reti	red) II	26 KIND OF E Noustry	BUSINESS OR
130 USUAL RESIDENCE odmission) STATE Ma	(Where deceosed lived, if instituting I and I ab COUNTY	ution. Residence before	1		YES NO		REET AND NUMB McKewi		enue	
14. FATHER'S NAME	First Middle	Lost		S. MOTHER'S MA			Mid	dle	ע	Lost ELLY
160. WAS DECEASED EV	ILLIAM ER IN U.S. ARMED FORCES?	MCKINLE 16b. SOCIAL SECURITY N		INFORMANT	Ps.	LIZABE	Addr	'ess	T)	للتلاث
Yes, no, or unknown YES	(If yes give war or dates of service)	213-28-5	586 V	A_Hospi	ital R	ecords	Perry	y Poi	nt, M	ld.
Conditions, if ony rise to immedio stoting the undelost. PART 2 OTHER S 190. DATE OF OPER 210. ACCIDENT W	te couse (o). (b) orlying couse DUE TO, OR (c) IGNIFICANT CONDITIONS CONTRIB	AS A CONSEQUENCE OF		O THE TERMINAL		20b. IF	N IN PART 1(0) YES, WERE FIND OF DEATH?	INGS CONSIL	DERED IN CE	RTIFYING
F OR CONTRIBUTING		. Month Doy Year	21c. H				ry in Port I or P	ort 2, Item	18)	
While Not w	JRRED 21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town		ounty	Stote
22a. I certify Salvas Salvas S	that XIX(this haspital) at ************************************	tended the decease	ed fram M XXXXX bady after	arch 10 Id that in (my death.	<u>0</u> , 19 <u>6</u> y) (aur) apir	7_, ta_J nian death a	an. 24 accurred on t	_, 19 <u>68</u> he date a	ind haur c	(#XWe):163 ind fram the
22b. SIGNATURE	1/3. Koth	keld	DEG			ED IRECTOR	STAFF PHYS.	22c DATE	SIGNED 25-68	3
22d. PHYSICIAN'S NAME (Type)		b, M.D.		22e. ADDI VA		ry Poi	nt, Md	•		
230. BUR AL, CREMATION REMOVAT (Specify	Jan. 29,10	23c NAME OF 268 Reltin		crematory	Cemate	myr Bo	ON (City or Town Baltimo	re, l		(Stote)
24. FUNERAL DIRECTOR SEitz Fu	Eugenia K. Se neral Home, 5	itz 209 York F	Rd.,Ba	lto.,M	2So REC'D B	Y REGISTRAR	1988 REGIS	TRAR'S,SIG)	HATURE Y	7

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending paysician.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00772 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Frest Modie 20 DATE KNOWN X Month Day (Type or Print) ESTI-ANNA LEE MERRITT DEATH MATED 4. RACE 6 AGE (in years IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD White June 7, 1968 Female January 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Bradshaw. WIDOWED Cecil 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress). Union Hospital during most of working life, even if retired.) INDUSTRY Elkton none none death. 130 LSUAL RES DENCE (Where deceased lived, if institution: Residence before 13c City OR TOWN 13d. INSIDE CITY EMNITS? 13e STREET AND NUMBER 13b COUNTY Gecil in Item 18. Northeast Shady Beach Road YES 🔲 NO 💢 lond 2 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Atwell harles Mae Muncy pages hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, na, ar unknown) Shirley Damron, Elkton, Marylana ROO ۵ APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH be forworded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Head pending DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse ta immediate cause (a), This certif cote should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES XX NO pe 210 EXTERNAL CAUSE WAS 21b. TIME OF ANJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should 4 should PRIMARY X OR CONTRIBUTING HOUR A.M. 3:15x8x /20 1968 shot self in head CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R F.D. No. County 21e PLACE OF IN JRY (At home, form, street, C ty or Town State foctory, office building, etc.) AT WORK AT WORK AT WORK Cecil, Md. Northeast home 220. I certify that I taak charge of the remains described obove, held an Autopsy XXI. Inspection . Inquiry and n my apinian Accident Suicide X. Natural causes death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X O DEPUT 1/20/68 U. Spiwz, Heolth **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S S GNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

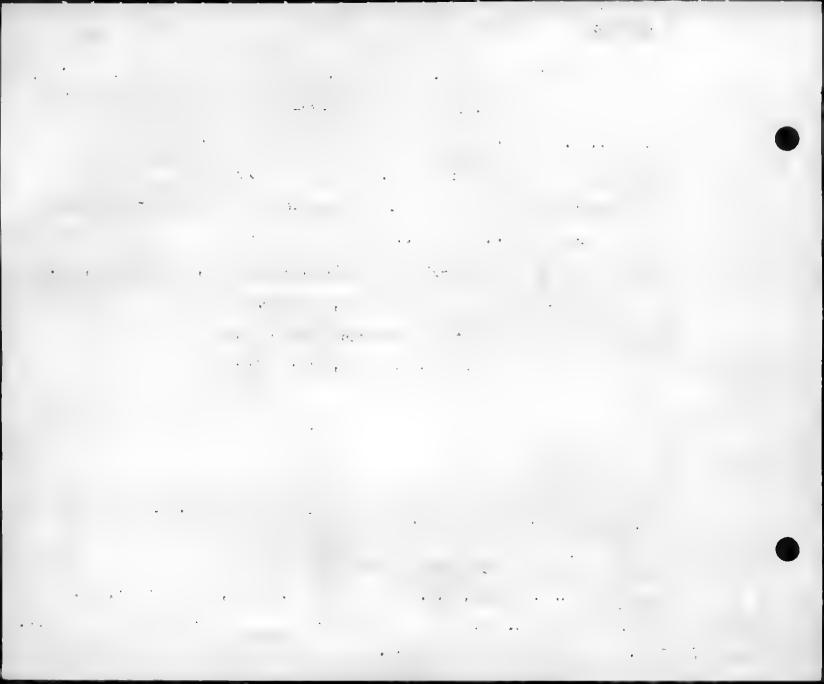
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1 DECEASED-NAN			Middle		Lost	2o. C	ATE OF DEATH		25 HOUE IN
(Type or print)	ARTHU	R	S.	I	MISKELL		Month 1	Day 26 Year (68 9:05m
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	
Mal	е	Wh	ite		8-29-94		Jast birthday) YR	MONTHS DAY	S HOURS MAN
7a. BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
Loudin	C. Va.	USA		VIDOWED			Cecil		Md.
10. City or tow			of Hospital or Institute oddress) erans Adm		not in hospital 120 US stration during		PATION (Kind of work don orking life, even if retired		OF BUSINESS OR
13n HSUAL RESID	FNCF (Where decease)	lived, if institution		c. CITY O			13e. STREET AND NUMBER		
admission) STA	aryland	13b. COUNTY	2 S	ilve	er Spring	№ []	1220 Char	rles Ro	ad
14 FATHER'S NAI		Middle	Lost		S. MOTHER'S MAIDEN NAME	First	Middle		Lost
	Thomas	J.	Miskel	1	Ве	ertie	2		Higgins
160 WAS DECEA	SED EVER IN ILS. ARME	D FORCES? 16	b. SOCIAL SECURITY NO	17	INFORMANT		Address	·	
Yes, no, or un	(nown) (It yes give war	or dates of service)	78-30-226	3 V	A Hospital I	Recor	ds, Perry	Point,	Md.
Conditions, rise to immunity the lost. PART 2. 01 190. DATE 0	if ony, which gove) nediate cause (a), underlying cause HER SIGNIFICANT COND	BY, E CAUSE (o) B: DUE TO, OR AS A (b) A: DUE TO, OR AS A (c) A: ITIONS CONTRIBUTION ONDITION FOR WHICH	ronchopnes A CONSEQUENCE OF rterioscle A CONSEQUENCE OF rterioscle G TO DEATH BUT NOT (erot eros RELATED 1	ia, bilater ic heart di is, general O THE TERMINAL DISEASE OF 200. AUTOPSY? YES NO [HOW INJURY OCCURRED (En	seas ized RCONDITIO	IN GIVEN IN PART 1(0) 20b IF YES, WERE FINDINGS CAUSES OF DEATH?	S CONSIDERED IN	CERTIFYING
	BUTING CAUSE OF DEATH offy medical examine		Month Doy Yeor		·				
While -	Y OCCURRED 21e. P	LACE OF INJURY (AT	HOME FARM, STREET, FACTOR FICE BUILDING, ETC.		OCATION Street or R F.D. 1		City or Town	County	State
78085	chiec deceased of it	(BCOCK X X X X X)	ded the deceased cxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	cac, ar	May 10 , 199 nd that in (my) (our) o death.	67_, pinion d	eath occurred on the	19_68_, X M dote and hou	ir ond from the
22b. SIGNA	a.L	Moo	ney	DEG	REE PHYS.	MED. DIRECTOR	C STAFF VCS	2c. DATE SIGNED	
22d PHYSI NAME	(Type) A. L	MOONEY					, Perry Poi	nt, Md.	,
230 BURIAL, CRI REMOVAL(S Burial		TE . 30, 1968	23c NAME OF CEN B Ft Line		Cemetery	C	LOCATION (City or Town) olmar hianor		
24 FLINERAL OIL	ECTOR Gasch's So	ns Hyati	ADDRESS tsville, No	ı.	2So REC'D	BY REGIS	TRAR 1968 256 REGISTRA	R.S. SIGNATURE	et gran

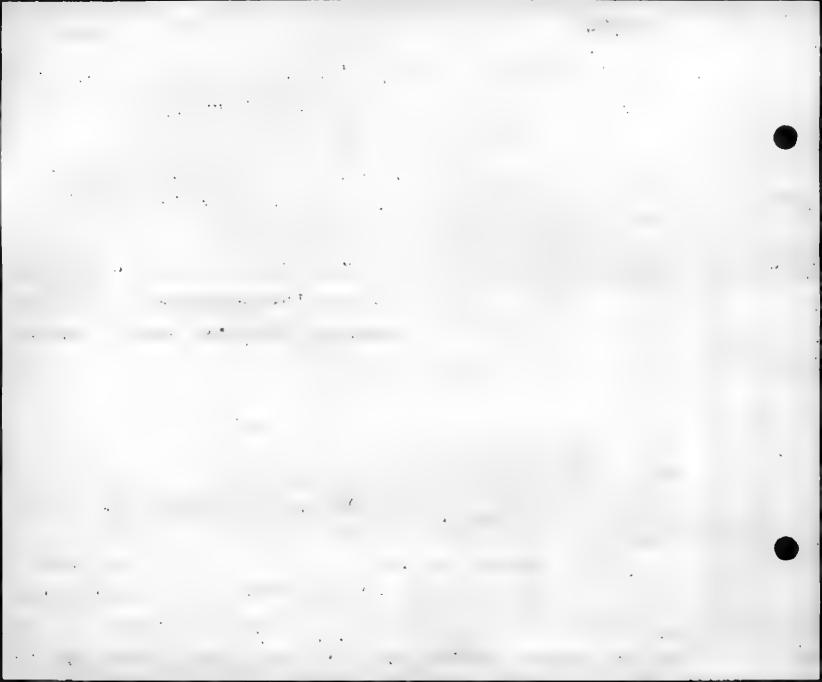
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the two director, maging 3 shauld lie detached for the two burial transit permit. Then these remaye carbon papers. Pages 1 shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs offer.

and d

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00774 00774 CERTIFICATE OF DEATH Middle DECEASED NAME Eirst 2a. DATE OF DEATH 26 HOUR (Type or print) 3. SEX 24 hours often MONTHS DAYS 7a. BIRTHPLACE (State or foreign country) DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR requires that the death certificate be executed within physician and campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREFT 13d. INSIDE CITY LIMITS? 13b. COUNTY and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? CHELL crematian, or remayal, en signed by the attending burial-transit permit. Th 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending be detached far use as the State Dept. af Health priar to has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 FUNERAL DIRECTOR: After this certificate by the hospital ar 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) PM. 21d INJURY OCCURRED 21e PLACE OF INJURY 1 AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (I) (this haspital) ottended the deceosed from Hugust 1, 1965, ta 20, 2, 1965, that (I) (we) lost saw the deceosed alive on 20, 20, 1967, and that (I) (my) (aut) opinion death occurred on the date and hair and from the be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS PHYSICIAN'S 22e ADDRESS P≡ge 4 may NAME (Type) 77 E. MAIL rector. 23b. DATE 23d LOCATION (City or Town) 30M REVEN



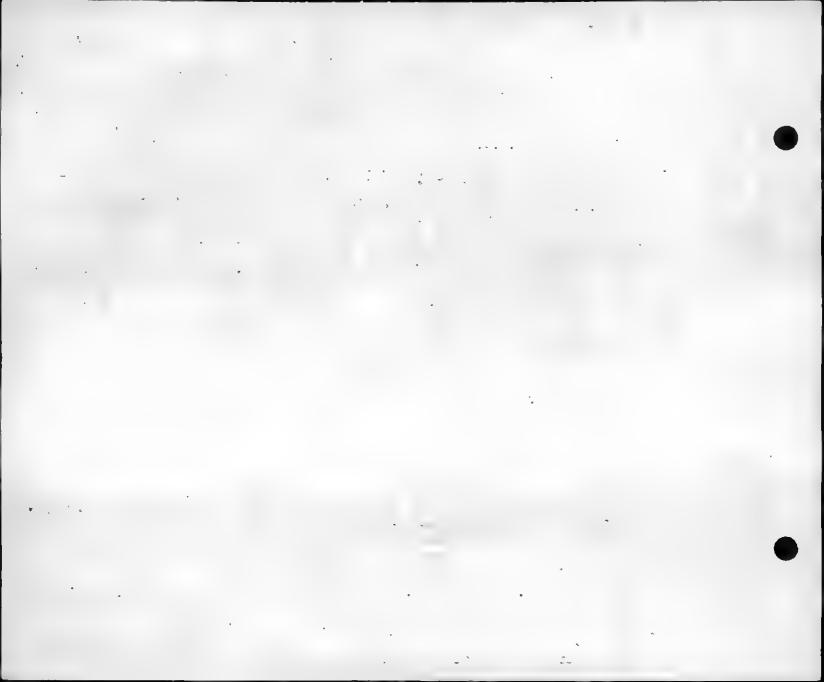
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00775			(ERTIF	ICATE OF	DEATH		,		0077	5	
	CEASED-NAME	First		Middle		Last			DATE OF DEATH		V	2b. F	OHR
- (1	ype or print)	ROY	E	MOOI	ŊΥ				Januar Month	28 ⁰	1968	_]12	: 054
3. SE	X MALE		4 WHITE			S DATE OF B			6. AGE (in lost birt	hdoy) 50 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS MIN
7a. E	SIRTHPLACE (State or f	oreign	76 CITIZEN OF WE	HAT COUNTRY?	8. MARRI	ED NEVER MAI		9. COU	NTY OF DEATH		<u> </u>		
COOL	Ohio		U.S.A.		WIDOW		RCEDXX			Cecil			Md.
	TTY OR TOWN OF DEA erry Point		II N.	AME OF HOSPITAL OR INS street oddress) AH, Perry F	noitution(Point	f nat in hospital , Md.	duting_m		IPATION (Kind of v vorking life, even Man		12b KIND OF INDUSTRY	BUSINESS	OR
	USUAL RESIDENCE (Wissian) STATE D.C			ian. Residence befare	13c (ITY		139' INSIDE CITY L	M TS?	130 STREET AND I		t NW		
14. F	ATHER'S NAME F	First	Middle	Last		15. MOTHER 5 M	AIDEN NAME F	irst		Middle		Lost	
	ROY LEE M						AGNES	MAR	IE ROOKE		nsev		
160 Y	WAS DECEASED EVER es, na. or unknown)	IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURITY N		7 INFORMANT				Address			
	YES	WW.	ŢŢ	24609914	5	VA RECO	DRDS	VΑ	H, PERRY	POINI		TAND	100
				ne for (a), (b), and (c))								ONSET AND D	
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA									6 days			
	TYS OX DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if any, which gave (b).												
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	kast. 4位文文												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
NO	LIENNE		IRRHOSI		DEADSIES	86. 4299	SDCV4		TOOL IS HER WEST	EMPINOS CO	MCIDCOCO IN C	EDTIEVISIO	
CERTIFICAT	19a DATE OF OPERATI			IICH OPERATION WAS PER		20a. AUTO] NO 🗓		20b. IF YES, WERE CAUSES OF DEATH	?		EKIIFYING	
MEDICAL CEI	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year 19	,		,		of injury in Part 1	or Part 2, It	tem 18.)		
M	21d INJURY OCCURR While Not while at wark at wark			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					City or Town		County		tate
	220. I certify that (II) (this hospital) attended the deceased from 11-4, 1963, to 1-28, 1968, that (II) (this hospital) accounts a south that the course stated obove (II) (we) (did) (that not) see when the body ofter death.												
	22b. SIGNATURE	£	Joele ii	mi	0	EGREE PHYS		AED. DIRECTO	STAFF PHYS.		ate signed -28-68		
	22d. PHYSICIAT S NAME (Type)	EDGAR	E. FOLK	C MD.		22e. ADI		spi	tal, Per	ry Poi	nt, Md	•	
23a.	BURIAL, CREMATION,	23b. D.	ATE			OR CREMATORY	_	23d	LOCATION (City or	Tawn)	(County)	(Stote)
E	REMOVAL(Specify)		n 30, 1	200		Cemetar			Culpeper				
24.	FUNERAL DIRECTOR			Jella_ADDRESS			2So. REC D E		STRAR 2Sb.	REGISTRARS	SIGNATURE	yes	
	EVERLY F	ใหมดสาวค."	Rome	Rairfax. V	ĬA		DAFEB	- 1	1968	- Commercial	0	0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeat director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after deat

VR A15 (4) 30M REV. 1/68



Perryville, Md.

Funeral Home.

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VR A15 (4)

Patterson

30M REV. 1/68



DIVISION OF VITAL RECORDS 201 W DESTON STREET RAITIMORE MARYLAND 21201

		36777	CERTIFICATE OF DEATH								00'7'7'7		
		ECEASED-NAME First Type or print) Grac	۵ ۵۱	Middle endaniel		lost Pretty	TWA 60 200	20. DATE OF Janu	Month	7 Doy	1968	2b. HPURT	
	3 SE		4. RACE			S. DATE OF E	BIRTH	1880	6. AGE (In year lost birthdoy)		NDER TYEAR	F UNDER 24 HRS	
	7a E	BIRTHPLACE (Stote or foreign ntry)	76 CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MA		9. COUNTY OF Cec 1		18.0		Md.	
1	10 0	TITY OR TOWN OF DEATH Zion	give si	ME OF HOSPITAL OR INS reet oddress)	,	·	during ma	est of work ng Hous e		red)	2b KIND OF BUINDUSTRY	ISINESS OR	
1	odmi		d 13b. COUNTY e	cil	Zi	on	3.84	R.	D. 1	Vorth	ı East	. Md.	
1	14. F	FATHER'S NAME First	Middle	Lost			NAIDEN NAME F	irst	Mid	dle		Last	
3		George		Clendani		Juli	.8	- n n			Morri		
i	160 Y	WAS DECEASED EVER IN U.S. ARI	war or dates of service)	166. SOCIAL SECURITY N		informant George	B. P	ret tym	.l Addi		Vorth		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	n RY-	Flor (e) (1), and (c).)	~	sel	En Lavela	نعا			APPROXEMA BETWEEN ONS	ET AND DEATH	
		1.4.7.7.3 IMMEDI		A CONSEQUENCE OF	C a	0. 0	evos	la Bara	. das		yr 2		
		Canditions, if any, which gove rise to immediate cause (a),	/ (b)	A CONSEQUENCE OF	Cerk	var	, Just	77			3	wks.	
		stoting the <u>underlying couse</u> lost.	(c)	Age 87							<u></u>		
>	NC	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE OR C						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CERTIFICATION			CH OPERATION WAS PER		20o. AUT] но.₩	CAUSES	YES, WERE FIND OF DEATH?			IFYING	
	MEDICAL CE	21 a. ACCIDENT WAS UNDERLYIF or contributing cause of dea (If either, notify medical exami	TH HOUR A.M.	Manth Day Year					y in Part 1 ar P	ort 2, Item	18)		
3	ME	21d INJURY OCCURRED 21e. While Not while 1	. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					gr Town		aunty	Stote	
		22a. I certify that (I) (this hospital) attended the deceased from Dec. 10 , 19.67, talent 1, 19.68, that (I) (we) last saw the deceased alive an Jan. 19.68, and that in (my) (cor) apinion death accurred an the date and haur and from the causes stated above, (I) (wo) (aid not) view the bady after death											
2		226 SIGNATURE B. Robinson M. DEGREE PHYS DIRECTOR D STAFF DIRECTOR 1/4/68											
1	,	22d. PHYSICIAN'S NAME (Type) F1 B	Robins	on, M2D.		22e. AD		10.0	19363	A 2477 / 22			
	23a.	DEMONIAL CO., CL.)	DATE /4/68	23c NAME OF C		R CREMATORY Cemet	erv	1	N (City or Town	,	County)	(State)	
68		FUNEROLDIRECTOR / E	or Fune	ADDRESS		, Md.	250 REC'D B	Y REGISTRAR	2Sb. REGIS	TRAR'S SIG	NATURE Jus	ye.	

TO MOSFITAL OR NATURALING MINISTELAN: The law requires that the death certificate by executed within 24 haurs after death Page 4 may lie retained by the Maspital or attending physician.

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٧R 30M REV

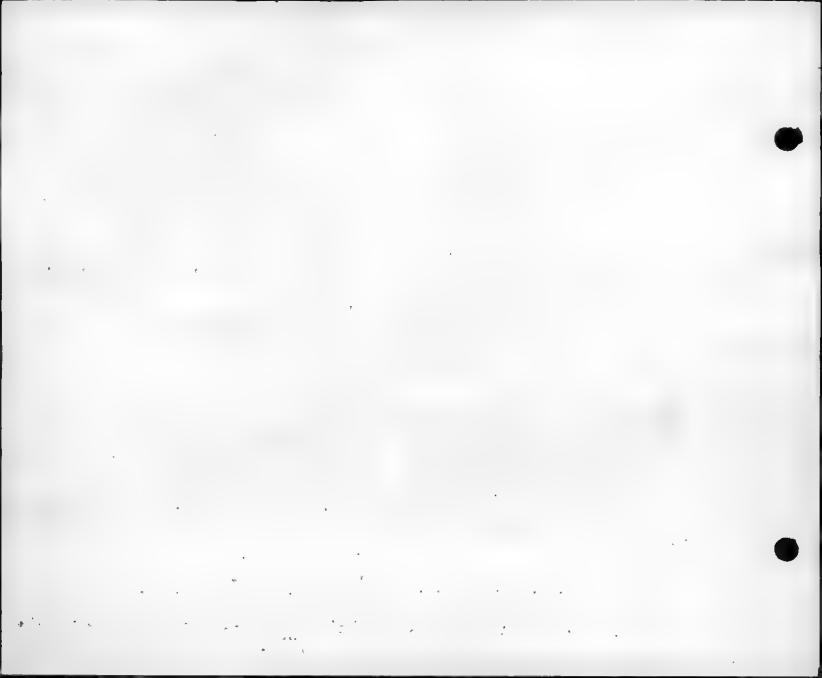


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00778 CERTIFICATE OF DEATH 0.0228 DECEASED-NAME 2n. DATE OF DEATH 2b. HOUR (Type or print) 4/RACE IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7c. BIRTHPLACE (State or foreign country WIDOWED DIVORCED 10 ETY OR TOWN OF SEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUNL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed with<u>na</u> give street address) during post of working life, even if retired.) Frank carbb camplete burial, cremation, ar remayal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER CITY OR TOWN 13b COUNTY CORL admission) STATE YES -14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last 16b. SOCIAL SECURITY NO. 17 ANFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) fill yes give wor or dates of service) 216-07-2051 18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (3). BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar ta has been 20h JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? gs CAUSES OF DEATH? YES T 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING TALAUSE OF DEATH HOUR A.M. Month_Dov-Year P.M. (If either, potrly med col examiner) 230. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION STREET OF R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at wark at wark O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from Tuking sow the deceosed olive on 1908, and that couses stated above, (1) (we) (did not) view the body after death. __1964, and that of (my) (our) opinion death occurred on the date and hour and from the 22c. DATE/SIGNED 22b. SIGNATURE ATTENDING PHYS. EZ CDEGREE DIRECTOR 22e. ADDRESS 22d. PHYS CIAN'S NAME (Type) 23b. DATE LOCAT ON (City or Town) (State FUMERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68

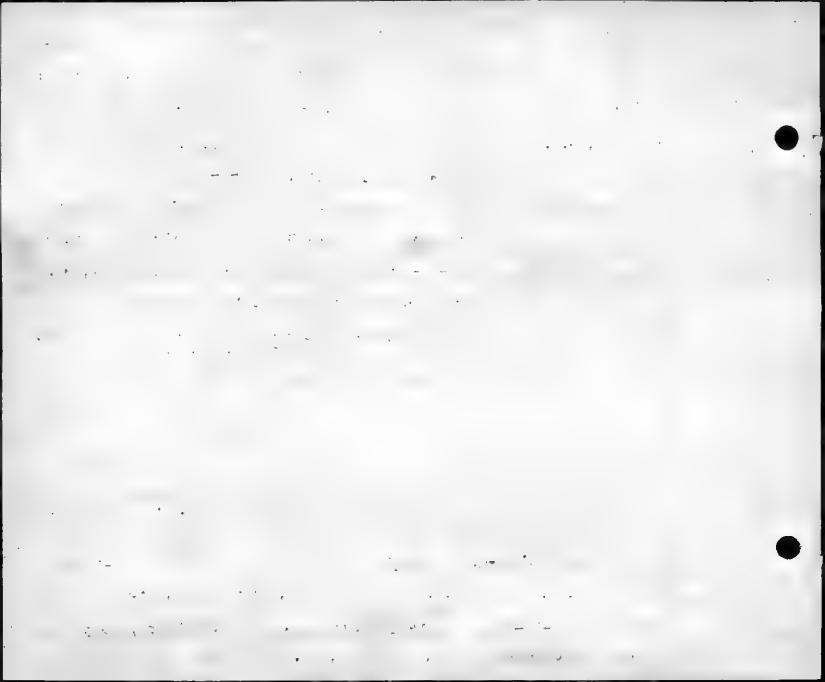
MARYLAND STATE DEPARTMENT OF HEALTH



			00113			(0.0773				
= - 2	MA	I DE	CEASED-NAME	First		Middle		Lost	2a. DATE OF	DEATH Month 1 Day	9 _{Year} 68	2b HOUR
deo de de	왕시기	{1	ype or print)	CALBI	ERT	NMN	I	RIVERS		monin - Day	redro	1:10a
	<u>₹</u>	3. SE	X		4. RACE	-		S DATE OF BIRTH		6. AGE (In years Last birthday)	MONTHS DAYS	1F UNDER 24 HRS
	20		Male			egro		3-16-12		JJ YRS.		1
n by	hay	coule	BIRTHPLACE (State or f		b, CITIZEN OF WH	IAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
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OR ATTENDING PHYSICIAN: The law requires that the death certificate b≡ em≡cute≣ within 24 ≝ours ofter death be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Toneral e.3 should be detached far use as the burial-transit permit. Then please remove carban papers. Fages 1 and	event,	13a	USUAL RESIDENCE (WI- ssion) STATE D	iere deceosed	lived, if institut 13b. COUNTY	an. Residence before	13c (ITY OR Wash:	TOWN 13d INSIDE CITY U	IMITS? 13e STR	EET AND NUMBER SRIdge P	l, SE	
and co	any	14. F	ATHER'S NAME F	irst	Middle	Lost	15	. MOTHER'S MAIDEN NAME F	irst	Middle		Last
	. <u>=</u>		J	AMES		RIVERS		SUSANNA GR	RIFFIN			
icio leas	5	16a. V	WAS DECEASED EVER	IN U.S. ARMEE		16b SOCIAL SECURITY N		NFORMANT		Address		
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ne death cer attending p permit. The	Te mo		1B. CAUSE OF DEATH	HAR CALIFED !	· ·	ne for (o), (b) ond (c).					BETWEEN O	NATE INTERVAL NSET AND DEATH
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t d b of t	5,		stating the underlyi	ng cause	(A)	S A CONSEQUENCE OF						
luire Igne uria	.E.		PART 2 OTHER SIGNI	FICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR (ONDITION GIVEN	IN PART 1(o)		
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The st	€ '	RT#						YES 🔀 NO 🗆				
ICIAN: pital al tificate d for u	of Hea	DICAL CE	21o. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH	215. TIME OF HOUR A.M. P.M.	INJURY Month Doy Yeor 19		OW INJURY OCCURRED (Ente	r nature of injur	in Part 1 or Part 2, 1	tem 18.)	
PHYS! he hasp this cer letached	State Dept.	ME	21d INJURY OCCURR While Not while	ED 21e. PI	ACE OF INJURY	(AT NOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	1	CATION Street or R.F.D. No		er Tawn	County	State
be d	tote		00- 14:6- 4	and the state to	hospital) atte	ended the decease	d from	Dec. 29 , 196	7_, to_J	an. 9 , 19	<u>රිරි ,) එක</u>	XII XIVOT 163
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OR ATTE be retaine DIRECTOR ge 3 shoul	₩ *		22b. SIGNATURE	0 1	700.	0 - 1	Mega	D ATTENDING A	AED -	STAFF 22c [-9-68	
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O HOSPI Page 4 r O FUNER director,	a vi	23a.	BURIAL, CREMATION,	23b. DA		23c. NAME OF				N (City or Town)	(County)	(Stote)
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30M RE	EV 1/68	St	ewart Fun	eral .	Home, W	ashington	DG DG	DATE		"	U	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

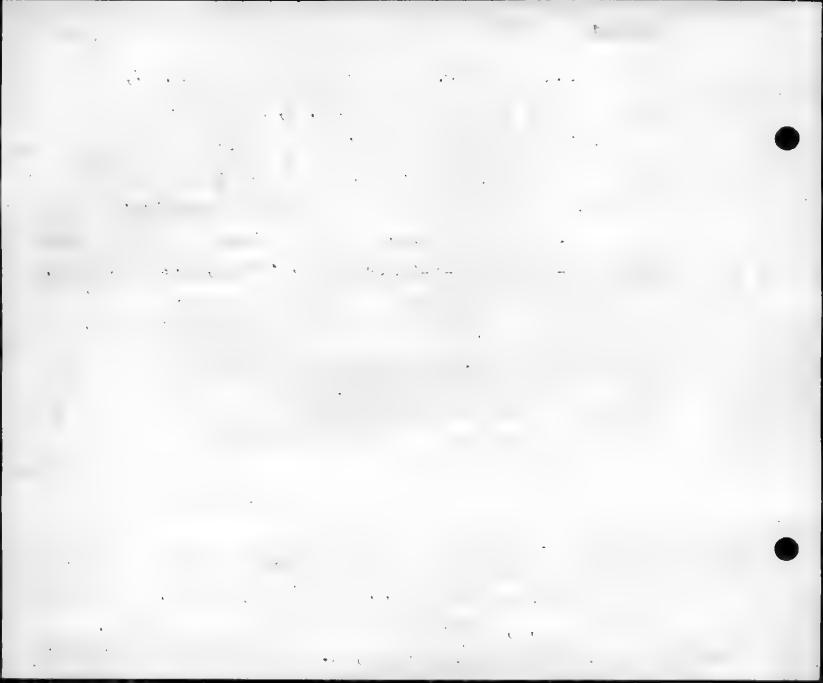
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			_			71			last birthday)	MONTHS DAYS	HOURS MIN
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	Calvert		gives	alvert Nw		<i>U</i>	during most	af warking life <i>LLNEO</i> .	, even if retired.)	INDUSTRY	
130	LISTIAL RESIDENCE	Where decease	I lived if instituti	an: Residence befare	13c. CITY OR		13d. INSIDE CITY LIMITS		T AND NUMBER	day day day	
	nission) STATE	/ /	13b. COUNTY	C	IJC. CITT OK	101111	YES NO	7			
/ =				(ecil			X	FROI	st Street		
₃ 14.	FATHER'S NAME	First	Middle	Last	15	MOTHER'S N	AIDEN NAME First		Middle		Last
<u> </u>		Finley		Row	land		Hay	nnah		Hyp	man.
160	WAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SECURITY N	lo. 17. l	NFORMANT			Address	-	
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¥		JRRED 21e. F		AT HOME, FARM, STREET, FAC		CATION Stre	et ar R.F.D. Na	City or	Town	Caunty	State
	While Not w	hile 🔲 📗	,	OFFICE BUILDING, ETC.	- '			·			
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	snw the	deceased ali	ve ont	i t	9 68 an	d that in (r	ov) (our) opinio	on death acc	urred on the da	te and haur	and from the
	couses s	toted obove.	(I) (we) (did) ((did not) view the	ody ofter	death.	iy) (oor) opinic	on death occ	oned on the du	ie alla naor	uno nom me
	22b. SIGNATURE	0.0		1. 00					22c.	DATE SIGNED	
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	22d. PHYSICIAN S	10000	7	wayn	210	22e. AD	At w	CIOK —	1113. — 1 / /	2/00	,
	NAME (Type)	Dudle	311	Ph: 11:00	1. 17		rlington.	Mm 1			
			7,	rulips	('laL'a						
230	 BURIAL CREMAT C REMOVAL (Specify 		ATE	23c. NAME OF		_		3d. LOCATION	191	(County)	(State)
	Purua	191	2/9/ 19		otting	ham (e	metery	Colore	z, aryla	nd.	
24.	FUNERAL BIRECTOS	11/2	Line	ADDRESS			25a RECUBY B	EGISTRAP	25b. REGISTRAR S	SIGNATUR	100 p
	Lee H	atte	nson &	on Perry	ville.	Md.	DATE JAW.	T 0 136	P A	my and	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the property director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOUNTAL OR NITENDING PHYSICAN: The law requires that the death certificate be esecuted within 24 Page 4 may be retained by this houpital or attending physician.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00782 MEDICAL EXAMINER'S HEALTH DEPT. 1 DECEASED NAME 20 DATE KNOWN Month 2b HOUR Dov (Type ar Print) Lester GF ESTI 0 DEATH MATED iny delay 2, and 3 t 6 AGE (In years 4. RACE IF UNDER 24 HRS S DATE OF BIRTH 2c DATE PRONOLNCED DEAD 3 SEX 2d HOUR MONTHS DAYS Day 26 HOURS 6-8-20 Month YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED (11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done ofter death 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired) GIVE along death. 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 565 odmission) STATE Richards lond 2 Item 1 ofter 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME pages hours 17. INFORMANT **ADDRESS** This certificate should be executed within in pencil ELEN E APPROXIMATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per time for (g), (b), and (c) should be forwarded to the Chief Medical buriol-transit permit. BETWEEN OWSET AND DEATH PART I DEATH WAS CAUSED BY: pending" Unk IMMEDIATE CALSE (a) DUE TO, OR AS A CONSEQUENCE OF uto Addident Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . ⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 90 removal be used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🖂 NO ID 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day, Year FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBLTING **EXAMINER:** CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. Lity or Town State factory, office building, etc.) 223-27 WHILE NOT WHILE AT WORK Intersection 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry and in my apinian the funeral director Natural causes . Accident . Suicide death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER may | **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, or county) 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) 25g REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) DATE JAN 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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). WAS DECEASED E Yes, no or unknow		D FORCES? r or dates of service)	166 SOCIAL SECURITY N	17. 1	NFORMANT Taul	5	5h	erti A	ddress	rest		ma	1.
		ATH WAS CAUSED IMMEDIAT My, which gave are cause (o),	E CAUSE (a) DUE TO, OR A	AS A CONSEQUENCE OF		Atai	٠۵،	1-0-		36			MATE INTERIORISET AND D	
	PART 2 OTHER	SIGNIFICANT CON		TING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE	ORCONO	DITION GIVE	N IN PART 1(0)				
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONTACTOR OF CAUSES OF DEATH?										ONSIDER	ED IN C	ERTIFYING	3
MEDICAL CER		WAS UNDERLYING CAUSE OF DEATH medical examin	HOUR A.M.	FINJURY Month Day Year 19		OW INJURY OCCURRED (Enter no	ture of inju	ry in Part 1 or	r Part 2,	Item 18.)		
ME	21d INJURY OC White Not w at work ot w	CURRED 21e. I		(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	rory.) 21f. LC	CATION Street or R.F.D.	No.	City	or Town		Coun	ty	S	tate
	22a. I certify sow the causes:	y thot (I) (this deceosed oli stated abave,	hospital) atte ve an (I) (we) (did)	ended the decease (did not) view the l	d fram 9 6 J an body ofter	thot in (my) (our) leath.	opinio	n dead o	occurred an	, 19 the do	ite and	thot d haur	(I) (w and fro	e) last in the
	22b. SIGNATURE	nes	rw.	Se Fe	DEG	ATTENDING PHYS.	MED DIREC		STAFF PHYS.		DATE SIG		196	8
	22d. PHYSICIAN NAME (Type	Ernes	t W. Se	eiter, MI)	22e. ADDRESS Risi	ng	Sun,	Md.	0				
	REMOVAL (Special	Il Ja	ATE M 9, 191		CEMETERY OR	CEMETE	ty -	200	ON (City or To	h	(COU	iT.	(Stote	,
24	FUNERAL DIRECTO		ton - IL	ADDRESS	Lest	2So. REC		egistrar 2 196		GISTRAR'S			pl.	

VR A15 (4) 30M REV. 1768

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

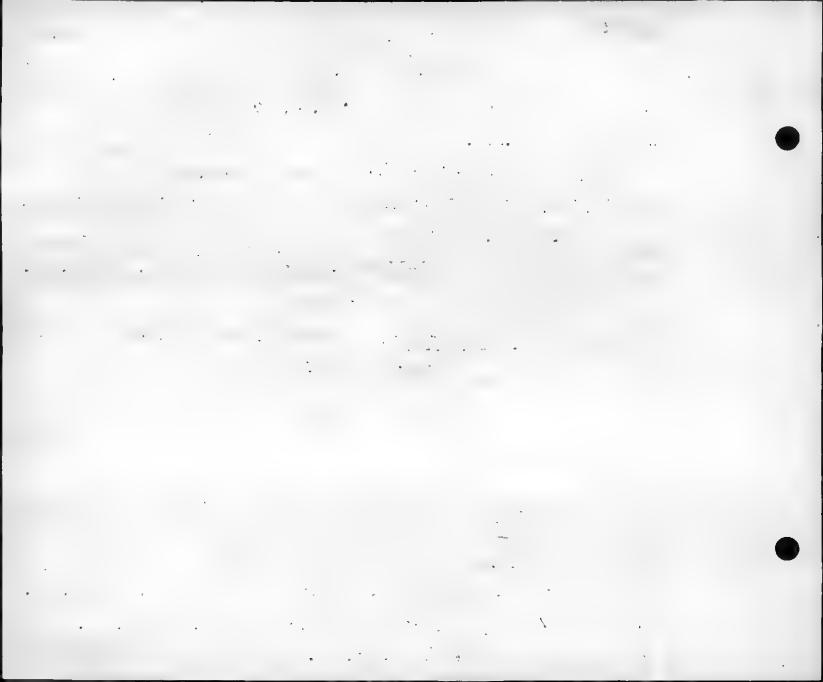
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by mammuted within 24 hours after deap Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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eo /	E B EV	43	(T	ype or print) Jame:	Willard	Steele	3	Janu	Month -Day	7 7 9 68	9:334
9		1	3. SE		4. RACE	S. DATE OF BIRT			AGE (In years	IF UNDER 1 YEAR	LE UNDER 24 HRS.
重	W SA		3. JE					l la	ost buthdoy)	MONTHS DAYS	HOURS MAN
5 0	± 90 ℃			Male	White	Aug. 5	, 190)4	63 "YRS.		
JG.	s. Pog hours		7o. B	IRTHPLACE (State or Foreign	75 CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRI	ED 9	COUNTY OF DEA	TH		
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24	of filled in I son popers. within 72 ho			ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		120 USHAT	OCCUPATION (Kin	d of work done	12b KIND OF	BIIGINESS OD
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9	ling phy Then removo			18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)	· · · · · · · · · · · · · · · · · · ·				APPROXI	MATE INTERVAL MISET AND DEATH
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Py.	signed by the burrol-tronsit burriol, cremat			PART 2 OTHER SIGNIFICANT CONU	ITIONS CONTRIBUTING TO DEATH BUT NO			NDITION GIVEN IN	PART 1(o)		
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z č	rote or u	4	5	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (Enter i	noture of injury in	Port 1 or Port 2,	Item 18.)	
5.5	素品品	di	2	(If either, notify medical examina	HOUR A.M. Month Doy Yeor P.M. 19						
55	thed it.		岁	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FAC		or R.F.D. No.	City or 1	own	County	Stote
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N P	Steff			22a. I certify that (I) (this	hospital) attended the deceose ve an 6 3 47 1	d from			147 19	<u> </u>	(I) (A) lost
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E	9 2 4			22b SIGHTURE	(1) (4 a) (did fior) view life	oody offer death.			T 00	DATE SIGNED	
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PI	de.			NAME (Type) Robe	rt L. Gray I	I.D. Elkt	on Me	edical	Park, I	IJ KTO n	, mad .
TO HOSPITAL	o FUNERAL director, po should be fi	7	230	BURIAL, CREMATION, 23b. D	ATE 23c. NAME OF	CEMETERY OR CREMATORY		23d. LOCATION (Lity or Town)	(County)	(Stote)
HO	e pige	1		REMOVAL (Specify)		n Manor Wem					,
=	2	1	2.4	FUNERAL DIRECTOR	Lick ADDRESS	I MATIOI TOM	2So. REC'D BY				
	VR A15 (4 30M REV 1		24.	Jach G	or Funerals, E	list on 18d		2 / 1968	25b REGISTRAR'S	de Ind	ge_
	SHALLER !	00		HIGKS LIONG 1	or ranerars, F	TVACHT NICE	DAIP MIN /	4 1 IVVV	-	- 4	



(14)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after debt. Page 4 may be retained by the hospital or attending physician.

00785

MARYLAND STATE DEPARTMENT OF HEALTH

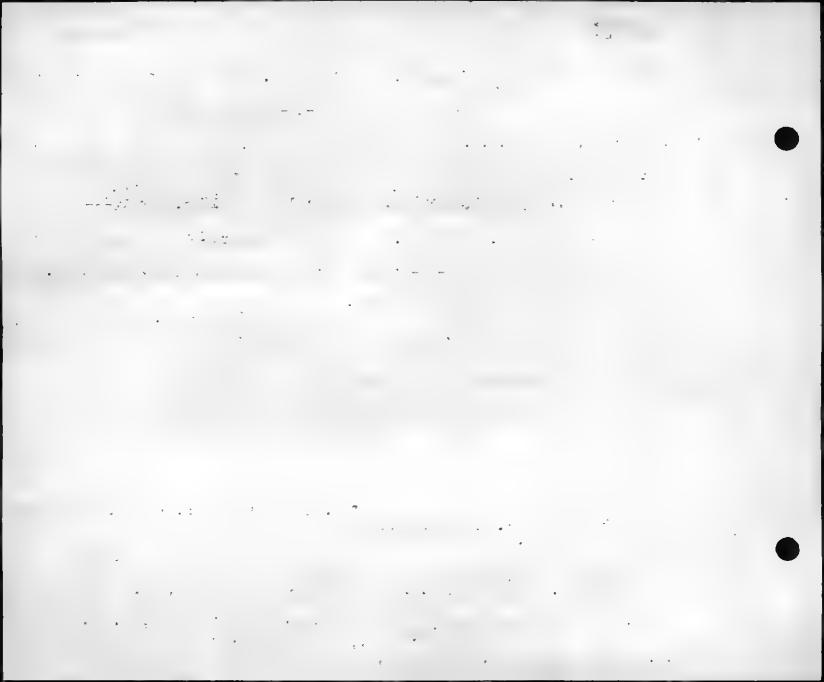
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00785

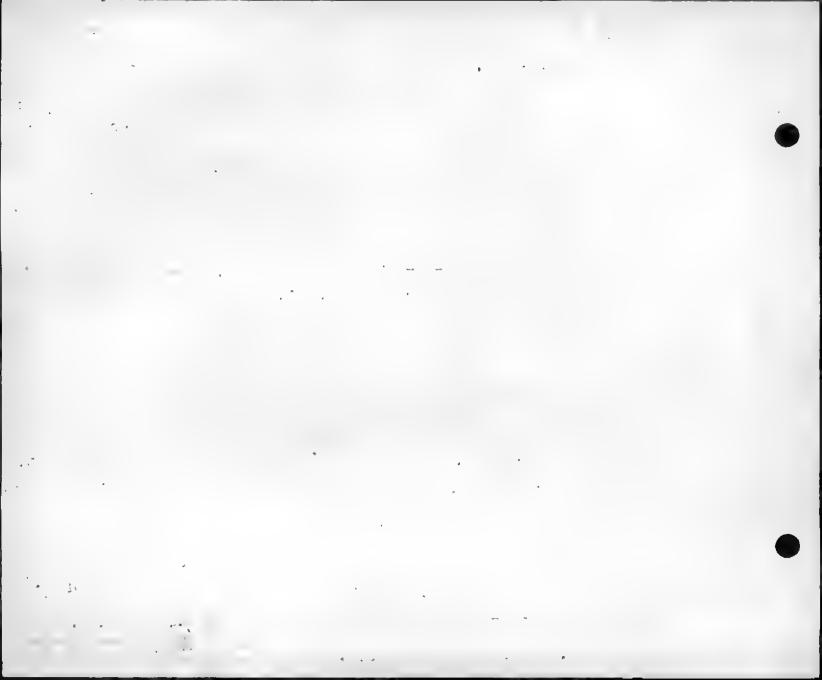
	CEASED NAME	First		Middle		lost		20. DATE OF	DEATH		w .	25. H	
{1	ype or print)	CHAR	RLES	STEWART	1	TEBBS J	R.		Month .	l Doy	18 Yeor 6	8 4:0	00 An
3. SE	X	4	. RACE			S. DATE OF BIRTH			6 AGE (In s	yeors	IF UNDER 1 YEAR	IF UNDER	24 HRS.
	Male		W	hite		10-19-	21		Jost birthd	YRS.	MONTHS DAYS	HOURS	MIN.
7o. f	SIRTHPLACE (State or fo	reign 7b.	CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MARRIED	9	COUNTY OF	DEATH				
Wa	ashington,	DC	U.S.A		WIDOWED	DIVORCED X	3	Cec	il				Md.
10 (ITY OR TOWN OF DEATH Perry Poir	1	11. NAM give str Vet	TE OF HOSPITAL OR INST eet oddress) erans Adm	itution(if n ini s	tration		OCCUPATION of working Lerk			12b KIND OI INDUSTRY	BUSINESS	OR
130	USUAL RESIDENCE (Whe	re deceased in	ved, finstitti	n Residence before	rác CITY O	R TOWN 13d. INS	IDE CITY LIM		REET AND NU				
OGHA	ssion) STAMaryl	and	JO COUNT P.T	incembet	rger	Lauralis	NO[161	08 I	ent	er brown	Road	
14. 1	ATHER'S NAME FIR	st	Middle	Lost	1	S. MOTHER'S MAIDEN				Middle		Last	
		IARLES		TEBBS SR.		PAULINE	CA	LLAHAI	N				
160. Y	WAS DECEASED EVER IN	IUS. ARMED F (If yes give war ar d		6b. SOCIAL SECURITY NO		INFORMANT				ddress			
	es, no, or unknown) Yes	WW]		<u>577-20-61</u>	67 V	A <u>Hospita</u>	1 Re	cords	. Per	ry P	oint.	Md.	
	IB CAUSE OF DEATH		e couse bet liue	for (o), (b), and (c).)							BETWEEN	ONSET AND DE	ATH
	PART I. DEATH W	AS CAUSED BY:	AUSE (o)Bz	ronchopne	ımoni	a _							
	045 7		DUE TO, OR AS	A CONSEQUENCE OF					disor	der			
	Conditions, it ony, what rise to immediate co	mental			ain s	yndrome_v	with	convu	lsive				
	stoting the underlyin		DUE TO, OR AS	A CONSEQUENCE OF									
	lost.	,	(r)										
	PART 2. OTHER SIGNIF	ICANT CONDITIO	ONS <u>CONTRIBUTU</u>	NG TO DEATH BUT NO	RELATED 1	TO THE TERMINAL DISE	ASE OR CO	INDITION GIVE	N IN PART 1(d	0)			
8	∠ U	I I I COUR	MICON FOR WHICH	II ORED ATION WAS BEDI	-001110	Loo ALTOROVO		Jan II	NEC THERE E	MDINOS 6	ANCIDEDED IN	TRAISVILLA	
CERTIFICATION	190. DATE OF OPERATIO	N TYD. CONL	JINON FOR WHIC	H OPERATION WAS PERI	-UKWED	200 AUTOPSY?	NO TR		OF DEATH?	INDINGS C	ONSIDERED IN (EKHETING.	
ŒRTI	21o. ACCIDENT WAS U	NDERLYING	215. TIME OF I	NHIRY	21c. }	IOW INJURY OCCURRED		noture of iniu	ry in Port 1 c	or Port 2	tem 181		
MEDICAL	OR CONTRIBUTING C	ol exominer)	HOUR A.M. P.M.	Month Doy Year				,	<u> </u>				
~	21d INJURY OCCURRE While Mot while C at work of work	21e. PLAC	E OF INJURY (IT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.) 21f 1	OCATION Street or R	.F.D No.	Caty	or Town		County	St	lote
	22a L certify the	tXIX (this h	aspital) otten	ded the deceosed	from	Dec. 20_	, 19_6	7, to_I	an. l	8_, 19_	68.,xtbx	ew)k(X)x	tzakk
		d abave, (I)	(we) (did) (d	lid not) view the b	ody after	nd that in (my) (a death.	ur) apin	ion deoth (occurred or			ond fro	m the
	22b SIGNATURE	D-180	th-	1	DEG	REE PHYS.	MEI	D. RECTOR	STAFF PHYS.	220 1	-18-68		
	22d. PHYSICIAN'S NAME (Type)	S. GC	LDGRAE	EN, M.D.		22e. ADDRESS VAH,	Per	rry Po	int,	Md.			
	BURIAL, (REMATION, REMOVAL (Specify) DUP 181	23b DATE 1/22		23c. NAME OF CO		Cemeter:	9	23d tocatio Washi	N (City or To	n, D	(County)	(Stole)	
	FUNERAL DIRECTOR	allo / Liv Gri		2901 ADDIES!		N71-1 1250	DEC.U BA	PEGISTRAR 19				dela	
6.1	H.HINES FU	neral	Home,	Washingto	n, D	C DATE	JAN	44 10	100		-	0	

VR A15 (4) 30M REV 1/68



		00786 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00786
FOR STATET		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00786
HEALTH DEPT.	Ī	DECEASED NAME (Type or Print) Beitha Louise Walker 20 DATE KNOWN Month Do OF ESTI- DEATH MATED 1-1-	Year 2b Hour
y deloy is and 3 to PM3. Page) 3	SEX F. 4 RACE S. DATE OF BIRTH 6 AGE (In years led birthday) S. DATE OF BIRTH 6 AGE (In years led birthday) Months DAYS HOLRS MIN Month 1 Day 14	Year 1968 2dk HOU
Dep Dep		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH CECT!	N
deoth re Poges with for the State	10.	Election II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) Election II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) Cafeteria Clerk	KIND OF BUSINESS OR DUSTRY
thours after do litem 18. Give Office olang w lond 2 with the ofter death	13	o USUAL RESIDENCE (Where deceased fixed, if institution: Residence before 13c CITY OR TOWN odmission) STATE Md. 13b. COUNTY Balto. YES NO Ato Rd.	
ern ern ffice ond 3	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 + 24 + n n n n n n n n n n		Harry Weddington Irene Clayborne	
hin 24 ncil in niner's pages hours		1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
wit pel xdm xdm 72	_	214-22-7244 Gertrude Wiggings, 2833 Oal	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e e e e cuted pending" in ef Med cal E sst permit f vent within		IMMEDIATE CAUSE (o) MUCLETIFIE SCHOOL 27 WITES	Immed.
pence of M		Canditions, if any, which gave) DUE 10, OR AS A CONSEQUENCE OF Auto Addition	
vord " vord " ve Chie al tran any ev		rise to immediate couse (a), (10)	
should be emecuted to the Word "pending" is the Chief Medical burial transit permit in any event within		stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
0 = -		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing worded worded sed as		774	
This certificate itote, writing the forworded to the used as o or removal, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This icote, be for the u	RIE	THAS PERFORMEUT	YES NO D
	A C		18)
INER: ne certifi should files 3 should		CAUSE OF DEATH 7:40 P.M. 1-14-1968 TINNER WASER OF CONTROL OF THE PROPERTY OF	ir cul by gla
XXXXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		WHILE NOT WHILE AT WORK AT WOR	ecil Ma
CAL Evecutor Poed for CTOR: buriof,		22a certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry	
Sic e ctor ctor ctor beu		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
dire dire		ACTUAL CHIEF MEDICAL EXAMINER C	
TY. P		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 2220 DATE SIG	14-68
o meressory, the funero 5 may be 5 FUNERAL Health pri		EXAMINER'S NAME (Type) John M. Byers, M.D. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY	-ham MJ
necessory, please ex the funerol director 5 may be retoined to 10 FUNERAL DIRECTO Health prior to bur	23		unity) (State)
F	1	REMOVAL (Specify)	,,
	24	Brusal: Lawrenceville. FUNERAL DIRECTOR ADDRESS ZSG RECUE BY REGISTRAR LOS REGISTRARS ADDRESS	
VR ATSME (5) 10M REV 1/68		Charles R. Law 802 Madison Ave	1

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

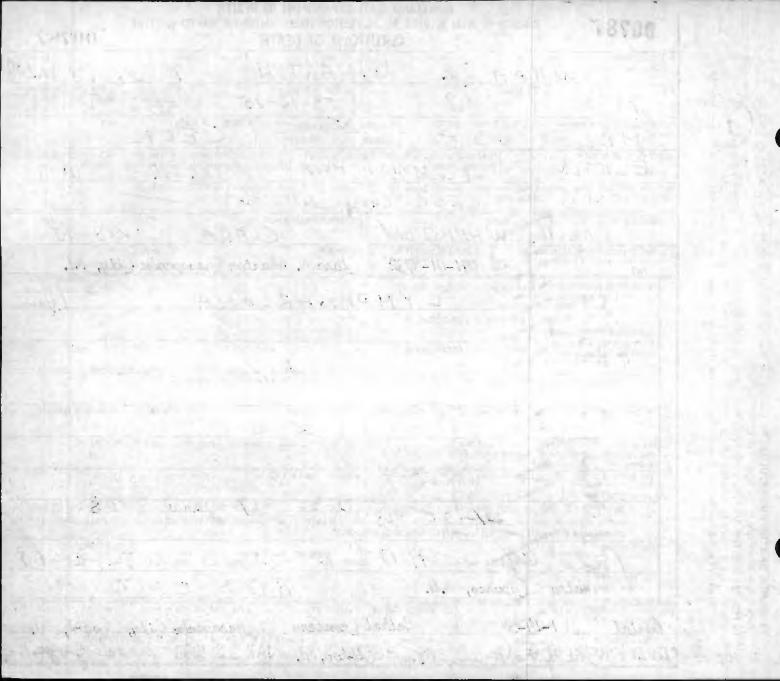
CERTIFICATE OF DEATH

00787

			IIIAM	Middle R.	412	IARTON	2a. DATE OF	DEATH Manth Day	Year	26. HOUR A				
	3. SE		4. RACE	W	S.	DATE OF BIRTH 3-14-1.	5-	6. AGE (In years last bisthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN				
	cour	BIRTHPLACE (State or foreign ntry) M. D.	76. CITIZEN OF WHAT	.A	WIDOWED _	DIVORCED		ECIL		Md.				
61		ELKTON	give stre	E OF HOSPITAL OR INSTIT Let address) 4 20 Lecus 20	on	Hosp. during ma	st of working	(Kind of work done life, even if retired.)	12b. KIND OF B	USINESS OR				
07	odmi	USUAL RESIDENCE (Where de issian) STATE M. D	13b. COUNTY	ECIL	Chese	neuke YES NO	2	REET AND NUMBER						
1		FATHER'S NAME First					ARA		150 K	Lgst				
		WAS DECEASED EVER IN U.S. (fes, no, or unknown) (ff yes)		56. SOCIAL SECURITY NO. 91-01-8732		ORMANT Lara M. Whar	ton (he	sapeake (i						
		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA IMM	r only ane cause per line :USED BY: IEDIATE CAUSE (a)		MPE	IOSARC	OMA	_		ATE INTERVAL SET AND DEATH				
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove inset at immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF												
	~	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVEN	I IN PART 1(o)						
1	CERTIFICATION		19b. CONDITION FOR WHICH	OPERATION WAS PERFO		200. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS CO OF DEATH?		RTIFYING				
	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF OH either, notify medical ex	DEATH HOUR A.M.	Month Day Year 19		INJURY OCCURRED (Enter		y in Part 1 or Part 2, It	em 18.)					
	W	at work of wark				TION Street at R.F.D. No.		or Town	County	State				
		22a. I certify that (I) saw the decease causes stated ab	(this haspital) attend d alive an ave, (I) (we) (did) (di	ded the deceased 19 id not) view the ba	from1. 60, and t idy after de	2 - 2 4 , 19 6 hat in (my) (947) apir ath.	nian death a	2 <u>m21</u> , 19_ accurred an the dat	6 & that is e and haur a	(I) (we) last nd fram the				
,	H	22b. SIGNATURE)		10 M.1), DEGREE		ED. RECTOR	STAFF PHYS. D 22c. D	oate signed w. 21	-68				
1		22d. PHYSICIAN'S NAME (Type) Retr				22e. ADDRESS	3		in 1	10				
3		REMOVAL (Specify)	3b. DATE 1-24-68			emetery (hesane	N (City or Tawn)	(County)	(State)				
(68)		FUNERAL DIRECTOR PP IN FILMS BALL	HOME XI	ADDRESS	1 E 1 h	2So. RECD 8	REGISTRAR	25b. REGISTRARS	SIGNATURE Que	dec.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death in by th **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pose should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours. Page 4 may be retained by the hospital ar attending physician.

> VR A15 30M REV.



30M REV. 1/68

oseph

23b. DATE

BURIAL CREMATION

Tanz

Jan. 14.1968. Asbury Cemetery

25b. REGISTRAR'S SIGNATUR 2Sq. REC'D BY REGISTRAR Funerals Elkton, Marylan Coate JAN

23d. LOCATION (City or Town)

23c. NAME OF CEMETERY OR CREMATORY

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